

LEGAL REDRESS COMPLAINT FORM

NAME OF COMPLAINANT:			
ADDRESS: CITY: TELEPHONE (including area of the peach)			
CITY:	STATE:	ZIP:	
DEST TIME TO DEACH.	:oae):		
BEST TIME TO REACH:			
COMPLAINT DATE(S):			
YOUR COMPLAINT:			
			



WITNESS #1 ADDRESS: CITY: TELEPHONE (including area code):
WITNESS #2 ADDRESS: CITY: TELEPHONE (including area code):
WITNESS #3 ADDRESS: CITY: TELEPHONE (including area code):
WITNESS #4 ADDRESS: CITY: TELEPHONE (including area code):
DOCUMENTATION YOU ARE ATTACHING: a) b) c) d) -2-

This document is the property of Santa Maria/Lompoc National Association for the Advancement of Colored People (NAACP).



If your complaint is Employment related please provide the following on separate paper:

- a) a complete Employment History including dates of hire and termination
- b) a List of References with names, addresses and telephone numbers, including area code
- c) A signed Release of Information which allows us to speak to your present and current Employer (we will provide you with the Release).

Please use a separate sheet of paper if more space is needed to address your complaint noted on page 1.