

National Association for the Advancement of Colored People

Complaint Form

Mail to: Media Area Unit NAACP
P O Box 1973
Media, PA 19063

This completed form **must be notarized before it is submitted** to the local Unit.

Full name of the complainant: _____

How can the complainant be contacted?

Home address: _____

Home Telephone #: _____ Cell#: _____ Email: _____

Date of the incident: _____ Location: _____

Describe in detail what the complaint is. Include the following information:

Explain who was involved. Give any contact information that you can.

Tell exactly what happened. Include when (give the date) and where (give the location) this took place? Use as much space for this as you need. Attach written or typed pages as needed.

Share the names and contact information for persons who witnessed this event if appropriate. Use a separate page for this if needed.

Signature of complainant: _____

Notary: _____ Please affix seal.