



NAACP

ILLINOIS STATE CONFERENCE

P.O. Box 30284, Springfield, IL 62708

<https://www.illinoisnaACP.org>

NAACP File No:

Dear

The NAACP Illinois State Conference of Branches acknowledges receipt of your Complaint of Discrimination. Your complaint has been forwarded to the Branch's Legal Redress Committee (LRC) for consideration.

Please complete the enclosed consent form, which authorizes the Branch's Legal Redress Committee to investigate your concerns. You are encouraged to provide copies of any/ all supporting documentation pertains to your complaint.

Submit the enclosed authorization form, including any/all documentation, at your earliest convenience (within 15 calendar days). It is imperative that you notify the Branch if you are unable to submit your documentation within the allotted time frame; if not, we will assume that you have elected to withdraw your complaint.

Thank you for taking the time to contact the NAACP Illinois State Conference of Branches. Your activism and support is greatly appreciated.

Cordially,

Teresa Haley, President



NAACP

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I, _____, authorize the NAACP Illinois State Conference of Branches Legal Redress Committee (LRC) to investigate my complaint and/or mediate my complaint with the Respondent in an effort to explore the possibility of a settlement regarding:

| | |
|-------------------|-----------------------|
| _____ Education | _____ Employment |
| _____ Housing | _____ Law Enforcement |
| _____ City/County | _____ Other: _____ |

I understand that the NAACP is not a law firm and that it cannot provide me legal advice or provide legal representation; therefore, I am not precluded from seeking litigation against the Respondent should the individuals fail to reach an agreement.

Furthermore, I understand that I have a right to revoke this authorization at any time by submitting a written request, unless a proposed settlement has already been accepted.

Authorization, unless revoked in writing, shall expire within one-year from the date of authorization.

Finally, I release and hold harmless the NAACP, its officers, directors, employees and agents from personal actions, causes of actions, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions or claims and demand whosoever in law in equity which I have ever had, may have in the future or that any of my personal representatives, successors, heirs or assigns hereafter can, shall or may have against the NAACP by reason of the NAACP's handling of my complaint.

Date of Authorization

Name of Complainant (Print)

Name of Complainant (Signature)

Name of LRC Member in Receipt

NAACP Illinois State Conference of Branches Legal Redress/Civil & Human Rights

Complaint Form



NAACP

ILLINOIS STATE CONFERENCE

P.O. Box 30284, Springfield, IL 62708

Phone: (217)789-2721

Website: <https://illinoisnaacp.org>

Are you a current member of the NAACP?

Yes No

DATE:

FOR OFFICE USE ONLY:

DATE RECEIVED:

FOLLOWED UP BY:

| | | |
|------------------|------------|---|
| Last Name | First Name | Middle Initial |
| Address | | Telephone Number (home) |
| City, State, Zip | | Telephone Number (work) Ext. |

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON BOTH PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED. YOU MAY ADD ADDITIONAL PAGES.

| | | |
|--|---|--|
| Do you currently have an attorney? Yes No | Address | |
| Attorney's Name | City, State, Zip | |
| Telephone # Fax# | Please List Agency in which you are filing complaint against: | |
| Please select all that may apply: (please submit copies with complaint form.) Has a lawsuit been filed? Yes No If yes, when and where? | Place of Business | Government Agency |
| | School District | Law Enforcement Other |
| Have you filed a complaint with the EEOC? Yes No If yes, when and which office? | (a) Type of discrimination: Civil Rights Violation / Hate Crimes Discrimination Harassment Housing Racial Profiling Retaliation Other: | |
| Have you filed a complaint with Fair Employment & Housing? Yes No If yes, when and where? | | |
| Other actions taken: | | |
| (b) How were you discriminated against? | | |
| (c) By who were you discriminated? - Include name(s), race, and gender of each: | | |
| Name: | Race: | Gender: |
| Name: | Race: | Gender: |
| Name: | Race: | Gender: |
| (d) Where did the discrimination take place? Cite location/address for each incident: | | |
| Address #1: | City: | State: Postal code: |
| Address #2: | City: | State: Postal code: |
| (e) Did anyone witness the discrimination that took place? | | |

| | |
|--|----------|
| Witness #1: Available to make statement on your behalf: Yes No | Address: |
| | Phone: |
| Witness #2 Available to make statement on your behalf: Yes No | Address: |
| | Phone: |
| (f) What was the effect or impact of the discriminating behavior on you? | |
| (g) To date, what actions have you taken so far? | |
| (h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes No | |
| Name: | Address: |
| | Phone: |
| What actions, if any, were taken in response to the complaint or notice of concern? | |
| Who took these actions? | |
| When were these actions taken? | |
| (i) What would you like the NAACP Springfield Branch to do for you regarding the discrimination/complaint? | |

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Springfield Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Springfield Branch to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency or private attorney, the NAACP Springfield Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Springfield Branch harmless for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: _____ Print FULL Name: _____ Date: _____

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Illinois State Conference of Branches is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "**CONFIDENTIAL**" to:

NAACP Illinois State Conference of Branches
Legal Redress/Civil & Human Rights Complaint
P.O. Box 30284
Springfield, IL 62708

NAACP Illinois State Conference Legal Redress 2023v4