

**THANK YOU FOR CONTACTING THE CHATTANOOGA HAMILTON COUNTY NAACP BRANCH.**

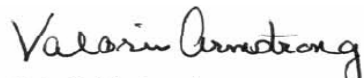
**IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MUST FILE IMMEDIATELY. YOU ONLY HAVE (180) DAYS FROM THE ALLEGED EVENT TO FILE A DISCRIMINATION COMPLAINT WITH THE EEOC.**

**PLEASE COMPLETE THE ATTACHED COMPLAINT FORM AND RETURN TO OUR OFFICE.**

**Founded in 1909, by a diverse group of citizens committed to helping to right social injustice. The NAACP is a membership organization and we ask that you assist us by becoming a member as we assist you with your concerns.**

**The National Association for the Advancement of Colored People is the nation's oldest, largest and most-widely recognized, community-based organization in the United States. The principal objective of the NAACP is to ensure the political, educational, social and economic equality of minority citizens in this country. I am,**

**Sincerely,**



**Ms. Valoria V. Armstrong  
Chattanooga-Hamilton County Branch President**



## CHATTANOOGA-HAMILTON COUNTY NAACP BRANCH

**COMPLETE AND MAIL OR FAX TO:**  
Chattanooga Hamilton County NAACP Branch  
P O Box 3226  
Chattanooga, Tennessee 37404  
Office (423) 267-5637 Fax (423) 910-0062  
E-Mail: [chattanooganaacp@comcast.net](mailto:chattanooganaacp@comcast.net)

### COMPLAINT OF DISCRIMINATION

(Office Use Only)

Date Received in Office: \_\_\_\_\_ Received by: \_\_\_\_\_

*Completing this form does not constitute filing an official complaint with a legal authority.  
At this time, the NAACP is only seeking information to assist you concerning this complaint.*

#### AGGRIEVED PERSON CONTACT INFORMATION

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

#### COMPLAINT OF DISCRIMINATION DIRECTED AGAINST

COMPANY OR PERSON NAME \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Do you currently have an attorney working in your behalf? YES ( ) NO ( )



**REMEDY REQUESTED**

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**I UNDERSTAND THAT THE NAACP IS A PRIVATE, NONPROFIT, VOLUNTARY ORGANIZATION. IT IS NOT A GOVERNMENT AGENCY.**

**FILING A COMPLAINT WITH THE NAACP IS NOT THE SAME AS FILING A COMPLAINT WITH AN ADMINISTRATIVE AGENCY OR FILING A SUIT IN A COURT OF LAW. WHATEVER RIGHTS I HAVE TO FILE A COMPLAINT WITH AN ADMINISTRATIVE AGENCY OR TO FILE A CIVIL LAWSUIT ARE COMPLETELY UNAFFECTED BY WHETHER OR NOT I HAVE FILED THIS MY COMPLAINT WITH THE NAACP.**

**I UNDERSTAND THAT THE NAACP IS NOT A LAW FIRM AND CANNOT PROVIDE ME WITH LEGAL ADVICE OR LEGAL REPRESENTATION. ALTHOUGH SOME OF ITS MEMBERS AND VILUNTEERS ARE LAWYERS, THEY REPRESENT THE NAACP AND NOT ME PERSONALLY.**

I, \_\_\_\_\_ do hereby authorize the NAACP to  
investigate my complaint and to take any steps necessary to resolve it.

WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ MEMBERSHIP PAID \$ \_\_\_\_\_

**ARE YOU A MEMBER OF THE NAACP? YES ( ) NO ( )**

**ARE YOU A REGISTERED VOTER? YES ( ) NO ( )**