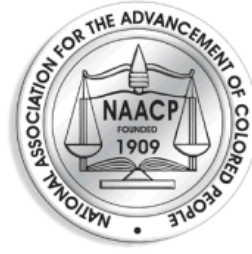


The NAACP does not offer legal advice nor is it a legal aid service. However, it will advocate on behalf of individuals who have been discriminated against. It will also monitor cases in which discrimination has happened and will make public evidence of institutional and/or systemic bias.



Date: \_\_\_\_\_

Complaint #: \_\_\_\_\_

**JACKSON COUNTY BRANCH 54AB  
LEGAL REDRESS COMPLAINT FORM**

Please complete this form and return it to the Legal Redress Committee  
Chair, Lynn Hogue  
P.O. Box 2183, Sylva, NC 28779  
email: legalredress@jacksonncaacp.org  
Phone: (828) 331-1803

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

**Basis for Discrimination Claim (Circle all that apply.)**

Race    Sex    National Origin    Disability    Gender Identity    Civil Rights

Other (please cite): \_\_\_\_\_

**Complaint Category (Check the category in which your complaint falls)**

\_\_\_ Housing                      \_\_\_ Criminal Justice                      \_\_\_ Education  
\_\_\_ Health Care                      \_\_\_ Community Relations                      \_\_\_ Employment  
\_\_\_ Police/Law Enforcement                      \_\_\_ Other (Category: \_\_\_\_\_)

(Please do not complete the two items below; complete the items on the back of this form. Thanks.)

**Report Taken By:** \_\_\_\_\_

**By Phone:** \_\_\_\_\_

**By Form:** \_\_\_\_\_

**Who Discriminated Against You?**

Name of Company or Organization: \_\_\_\_\_

Name of Specific Person(s) Involved: \_\_\_\_\_

Title of that person in the company/organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**What Happened?**

Please specify the manner in which the above person(s) allegedly discrimination against you. Attach additional pages, if necessary.

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Has the company/organization attempted to resolve the situation? \_\_\_\_ yes \_\_\_\_ no

If Yes, when? \_\_\_\_\_ With Whom? \_\_\_\_\_

*I swear or affirm that I have reviewed the above charge and that it is true to the best of my knowledge and ability. Please sign below, if that is correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date