



LEGAL REDRESS COMPLAINT FORM INSTRUCTIONS

There are two options for completing the Kansas NAACP Legal Redress Complaint Form.


Option I – Fillable PDF Form (not mobile friendly):

1. To complete the fillable PDF complaint form attached, use Adobe Acrobat Reader. Adobe Acrobat Reader is a FREE software used to view and print files with a PDF suffix. The Reader works as a "plug-in" with your web browser (Chrome, Edge, Safari, etc.) or standalone to print and view these documents. To obtain Adobe Reader, go to <https://www.adobe.com/acrobat/pdf-reader.html>. For download instructions, see the links below for Windows and Mac OS.
 - Download Instructions for Windows: <https://helpx.adobe.com/acrobat/kb/install-reader-dc-windows.html>
 - Download Instructions for Mac OS: <https://helpx.adobe.com/acrobat/kb/install-reader-dc-mac-os.html>
2. After installing Adobe Acrobat Reader, complete the Complaint Form.
3. Please return all documents to the email address on the complaint form. If you need assistance with completing the form, contact your local branch. The contact information for your local branch can be found at <https://kansasnaacp.org/find-your-local-branch/>.
4. Upon receipt of the complaint form, your local branch will respond to your complaint using the email address provided on the complaint form. Response times may vary depending on the number of complaints received at your local branch.

Option II – Paper Complaint Form:

1. If you need assistance completing the complaint, contact your local branch. A branch representative will set an appointment (Zoom or in person) and walk you through the complaint form. The contact information for your local branch can be found at <https://kansasnaacp.org/find-your-local-branch/>.

KANSAS NAACP Legal Redress Complaint Form

 National Association for the Advancement of Colored People KANSAS NAACP Salina Branch #4041 P.O. Box 1702 Salina, Kansas 67401-1702 Phone: 785.819.4637 Email: salinaksnaacp@gmail.com Website: kansasnaacp.org	Are you a current member of the NAACP?	
	DATE:	
	FOR OFFICE USE ONLY	
	DATE RECEIVED:	
COMPLAINT NUMBER:		
NAACP-LR-SALI-F-4-		
Last Name	First Name	Middle Initial
Address		Telephone Number (cell)
City, State, Zip		Email Address

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

Do you currently have an attorney?	Address
Attorney's Name:	
Telephone #	City, State, Zip
Fax#	
Please select all that may apply: (please submit copies with complaint form)	Please List Agency in which you are filing complaint against:
Has a lawsuit been filed?	
Have you filed a complaint with the EEOC?	(a) Type of discrimination:
Have you filed a complaint with Fair Employment & Housing?	If other, please state below:
Other actions taken:	

(b) How were you discriminated against?

(c) By whom were you discriminated? - Include name(s), race, and gender of each. (Enter the information below)			
Name:		Race:	Gender:
Name:		Race:	Gender:
Name:		Race:	Gender:
(d) Where did the discrimination take place? Cite location/address of reach incident:			
Address #1:	City:	State:	Postal Code:
Address #2:	City:	State:	Postal Code:
(e) Did anyone witness the discrimination that took place? (Enter the information below)			
Witness #1: Available to make statement on your behalf:		Address:	
		Phone:	
Witness #2 Available to make statement on your behalf:		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? If yes, enter the information below.			
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 Kansas NAACP to do for you regarding the discrimination/complaint?			

RELEASE OF LIABILITY

I affirm that the statements I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the KANSAS NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the KANSAS NAACP 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 KANSAS NAACP WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the KANSAS NAACP harmless for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that 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. This is not a retainer agreement. The Kansas NAACP is not serving as your attorney. We recommend that you retain counsel as soon as possible. The Kansas NAACP is merely conducting an investigation.

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 because the 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 change, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

COMPLETION OF THIS FORM

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

KANSAS NAACP Salina Branch #4041
P.O. Box 1702
Salina, Kansas 67401-1702