



**Seminole County Branch  
P.O. BOX 4113  
Sanford, Florida 32772**

**PLEASE READ CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION. PLEASE NOTE THAT THIS IS A PRELIMINARY COMPLAINT FORM AND ADDITIONAL INFORMATION MAY BE NEEDED AT A LATER DATE.**

**Branch Name:** \_\_\_\_\_

**CONTACT INFORMATION:**

**Name of Complainant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address (no P.O. Boxes accepted):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone No.:** \_\_\_\_\_

**Fax No. :** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**COMPLAINT INFORMATION :**

**What is the nature of your complaint? Employment \_\_\_\_\_ Housing \_\_\_\_\_ Discrimination \_\_\_\_\_ Police  
\_\_\_\_\_ Brutality \_\_\_\_\_ Other \_\_\_\_\_**

**Date(s) of incident(s):** \_\_\_\_\_

**Location(s) of incident(s):** \_\_\_\_\_

**Please explain the incident(s): (Please use backside if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have an attorney representing you in this matter or have you had previously an attorney represent you in this matter? If yes,  
please provide the name and phone number.** \_\_\_\_\_

***I HEREBY DECLARE THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM GIVING CONSENT FOR THE NAACP TO INVESTIGATE AND POSSIBLY INTERCEDE FOR ME IN THIS MATTER. IN ADDITION, I RELEASE THE NAACP AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY AS THEY PROCEED WITH THIS INVESTIGATION ON MY BEHALF. FUTUREMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY DECLINE TO INVESTIGATE MY COMPLAINT AND THAT IS THEIR RIGHT. I WILL ACCEPT THE COURSE OF ACTION THE NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY TAKE IN THIS ACTION. FUTUREMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGNETS, MEMBERS, AND VOLUNTEERS DO NOT REPRESENT ME IN THIS MATTER.***

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

