Thank you for contacting the NAACP. This form is the first step in requesting the investigation by the NAACP into allegations of civil rights or social justice violations that have occurred in the jurisdiction of our branch. Information shared in this report will be analyzed by members of the Legal Redress Committee to consider if and how, the NAACP can help. Submitting this form is not intended, and should not be interpreted, as a contract of any nature, either stated or implied.

Persons age 17 and younger are not permitted to complete this form. Youth who have experienced an incident of civil rights violation or social injustice should contact an authorized adult (parent, responsible adult care provider or legal guardian) to complete and submit this form on their behalf. Personal data collected on this form will remain confidential. Upon review of your Request to Investigate statement, you will be contacted by the President or Legal Redress Chair of the branch to schedule a face-to-face meeting to discuss the details of your request further OR you will be notified by a Legal Redress Committee member with further instructions on how to proceed with your request. Please understand that all Requests to Investigate a civil rights violation or social injustice incident will be given careful and urgent consideration. However decisions for our branch to get directly involved will be determined on the merit and scope of the request. Unfortunately our limited resources do not permit us to respond to every request that we receive. Please expect a response time of at least 2 weeks.

Do not submit original documentation. Any documentation submitted to the NAACP becomes part of the complaint and will not be returned.

Completed forms may also be emailed to _____unioncountynaacp@gmail.com____ or mailed to:

Union County NAACP Branch # 5416 PO Box 3264 Wingate, NC 28174

Consent Statement:

I certify that I am at least 18 years old and understand that this Request to Investigate is not a contract. I understand that the NAACP Executive Committee members will have access to my complaint. I declare that the information being reported herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Signature of minor: _____ Date: _____

(If Applicable)

Please complete the following questionnaire as clearly and completely as possible.						
Complainant Name:						
Street/P.O. Box Address:						
City:		_ State:	Zip:			
Telephone (day): Telephone (evening):						
Email:						
Please	indicate if you are a member of the NAA	CP (check only	one):			
	Yes, I am a member of the NAACP Branch:					
	No, I am not a member of the NAACP					
	I am not a member of the NAACP but would like to join					
Please	tell us who you are with regards to the in	ncident:				
	The victim					
	A witness to the incident					
	A relative or guardian of victim					
	Other (specify):					
What is the race/ethnicity of the victim?						
	Black / African American		American Indian			
	White / Caucasian		Asian / Pacific Islander			
	Hispanic / Latino		Other (specify):			
What is the gender of the victim?						
	Male Female	2	Transgender			
What is the age of the victim?						

To the best of your ability provide the name and role or position of all persons involved in the incident:

Name	Position in Incident	
Example: Timothy Small	13 year old son mistreated by teacher	
Joe Smith	Teacher at school who mistreated son Timothy	
	Small	

Identify which if any agency or company is involved in the incident:

Education K-12	Education: College or University
Town or City Department (specify):	 · · · · · · · · · · · · · · · · · · ·
Police (specify):	
Non-profit (specify):	
Business / Merchant:	
Other (specify):	

Date incident occurred or began (month, day, year): _____

Detailed summary of what happened. Please write as legibly and clearly as possible or attach typewritten statement:

What do you think was the motivation behind this event or incident?						
	Race (Racism)			Sexual Orientation (Homophobia)		
	Sexism (Gender)			Class status (i.e. person was poor or homeless)		
	Disability			Religion or Faith		
	Other (specify)):				
Are you seeking or considering outside legal representation in addition to this request?						
	Yes		No	Undecided		
Have you requested the assistance of any other agency or organization? If yes, explain.						
	Yes		No			