



**THE NATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF COLORED PEOPLE**

PUEBLO BRANCH #4005
PO Box 8771 Pueblo, CO, 81008 719-582-3132

COMPLAINT FORM

ATTN: Legal Redress Committee

Today's Date: _____

Name of Person Making Complaint: _____

Home Address: _____

E-mail: _____ **Phone Number:** _____

Respondent(s) (Person/Agency/Company/Business Against Whom the Complaint is Lodged):

Respondent's Address: _____

Nature of Complaint (Check one or more that apply)

Housing:____ **Employment:**____ **Government Agency:**____ **Public Accommodations:**____

Type of Basis of Discrimination: **Race:**____ **National origin:**____ **Sex/Gender Identity:**____

Religion:____ **Disability:**____ **Age:**____ **Sexual Orientation:**____

Date (or dates) incident(s) occurred: _____; **Less than 180 days ago? Yes**____ **No**____

Summary of what happened (detail why you believe you are a victim of one of the above types of discrimination). If you have a typed/written copy, you may attach:

Signature:_____