



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

PUEBLO BRANCH #4005

P.O. BOX 8771

PUEBLO, CO 81008

719.582.3132

COMPLAINT FORM

ATTN: Legal Redress Committee

Today's Date: _____

Name of Person Making Complaint: _____

Home Address: _____

Email Address: _____ 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 or 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:**
