

## REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL JUSTICE VIOLATION

Thank you for contacting your local North Carolina NAACP Branch.

By filling out this form, you authorize your local NC NAACP to investigate an allegation of

- **a civil rights violation**
- **racial or other discrimination**
- **a social justice violation**

that occurred in your local NC NAACP area. The information you provide will be given careful consideration by your local branches NAACP's Legal Redress Committee to determine if, and how, the local NC local NAACP branch can help you. The decision for our branch to get involved will be determined by the merit and scope of the request. Unfortunately, our limited resources do not permit us to act on every request that we receive. **After our review, which may take at least two(2) weeks, the Legal Redress Committee will contact you with our recommendation as to:**

- **the best way to address your complaint**
- **if and how this NC local NAACP Branch can help resolve your complaint**

The NAACP is a social justice organization run by volunteers.

- **Your NC local branch does not have staff attorneys.**
- **Your NC local branch is not a law firm or a legal service that provides attorneys on request.**

**For legal advice you should consult an attorney.**

- **Your NC local branch does not provide legal advice, although we may provide legal information.**
- **The NC NAACP generally does not get involved in the following:**
- **cases that are already being handled by an attorney or involve ongoing litigation**
- **criminal matters**
- **divorce, child custody, or domestic violence**

Please **mail** the completed form to your local NC NAACP Branch within 30 days of receipt, or we will have to close your case.

### **Consent Statement:**

I certify that I am at least 18 years old. (If you are under 18, contact an adult - parent, custodian, or guardian - to submit this form for you.) I understand that submitting this Request to Investigate is not intended to, and should not be interpreted as, creating a contract of any nature, either stated or implied. I declare that the information being reported herein is true and correct to the best of my knowledge and belief. My personal information on this form will remain confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL JUSTICE VIOLATION

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 NAACP (check only one):

Yes, I am a member of the NAACP. Branch: \_\_\_\_\_

No, I am not a member of the NAACP. I would like to join the NAACP.

Please tell us who you are with regards to the incident:

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

Native American

White / Caucasian

Asian / Pacific Islander

Hispanic / Latino

Other (specify): \_\_\_\_\_

Mixed Race \_\_\_\_\_

What is the gender of the victim?

Male

Female

non-binary

What is the age of the victim? \_\_\_\_\_

## REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL JUSTICE VIOLATION

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: \_\_\_\_\_ Address/Telephone \_\_\_\_\_

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:

[illegible]

## REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL JUSTICE VIOLATION

Area of Concern (check all that apply):

Civil Rights Violation    Discrimination in Public Accommodations    Police Excessive Use of Force

Biased Policing/Racial Profiling    Housing    Education    Employment Discrimination

Public Defender    Jail    District Attorney    Religion or Faith

Other (specify) \_\_\_\_\_

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)

Ableism (Disability)    Religion or Faith

Other (specify): \_\_\_\_\_

Are you seeking or considering outside legal representation in addition to this request?

Yes    No    Undecided

If you have an attorney, including a Public Defender, please provide their name and contact information:

\_\_\_\_\_

Have you authorized your attorney to discuss your case with your local NC NAACP branch?

Yes    No    If not, please contact your attorney immediately.

Have you requested the assistance of any other agency or organization? If yes, explain.

Yes    No

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

What specific kind of help are you requesting from your local NC NAACP branch?

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