

**TOP PORTION IS TO BE COMPLETED BY NAACP OFFICE ONLY!!!**



**NAACP-**  
**FT. LAUDERDALE/BROWARD**  
**1100 SISTRUNK BOULEVARD**  
**FORT LAUDERDALE, FLORIDA 33311**

**TELEPHONE #: (954) 764-7604**  
**FACSIMILE #: (954) 467-8303**

**Claimant Name:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name M.I.

**Claim Number:** \_\_\_\_\_

To be assigned by NAACP (YY-MMDD-New client#)

**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Membership Class:** \_\_\_\_\_

(i.e., Regular, Life, Youth, Subscribing Life, etc.)

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

Month / Year

**AFFIDAVIT FOR COMPLAINT OF DISCRIMINATION**

**EMPLOYMENT (WORK) RELATED INCIDENTS ONLY**

**SECTION I**

**PLEASE READ AND ANSWER ALL QUESTIONS. *DO NOT* LEAVE ANY BLANKS! PRINT LEGIBLE!**

I, \_\_\_\_\_, being first duly sworn upon my oath affirm and hereby say:  
Print First Name M.I. Last Name

I have been given assurance by a representative of the **FORT LAUDERDALE/BROWARD BRANCH OF THE NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (NAACP)** that this Affidavit will be considered confidential by the **NAACP** and will not be disclosed as long as the case remains open unless it becomes necessary for the **NAACP** to produce the Affidavit in a formal proceeding. Upon the closing of this case, the Affidavit may be subject to disclosure in accordance with the policy of the Branch.

By completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint

**PERSONAL INFORMATION**

1. **GENDER:** \_\_\_\_\_ (Female/Male)

**Date of BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. **RACE:** \_\_\_\_\_

**NATIVE COUNTRY:** \_\_\_\_\_  
In what Country were you born?

3. **Street Address:** \_\_\_\_\_

**CITY, STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

4. **HOME TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_; **OTHER PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**SECTION II**

IF YOU ARE ALLEDGING DISCRIMINATION, PLEASE CHECK ALL THAT APPLY:

RACE OR COLOR      RELIGION      NATIONAL ORIGIN      SEX      AGE      HANDICAPPED STATUS

**OR** IF YOU ARE ALLEDGING UNLAWFUL EMPLOYMENT PRACTICES, PLEASE CHECK ALL THAT APPLY:

REPRISAL/RETALIATION      UNLAWFUL HIRING      PROMOTION      FIRING      WAGES/SALARY/PAY  
PREGNANCY DISCRIMINATION ACT      OTHER TERMS AND CONDITIONS OF EMPLOYMENT

**SECTION III**

WHO DISCRIMINATED AGAINST YOU? (Give full name/s of the individual/s and their job titles; also, the name and address of the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, Licensing Agency, and its owner, President/CEO's name; etc. List/name all)

PERSON'S NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

AND (OTHER PARTIES IF ANY) \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FACSIMILE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OWNER/PRESIDENT/CEO'S NAME: \_\_\_\_\_

CORPORATE STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FACSIMILE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION IV**

HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY(IES) ? Yes No : if yes, which one/s and give date/s filed?

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Briefly, state status: \_\_\_\_\_

## SECTION V

**DOES THE EMPLOYER HAVE A UNION, GRIEVANCE OR FAIR-HEARING PROCESS? Yes No . If yes, HAVE YOU FILED AN INTERNAL GRIEVANCE REFERENCING THIS COMPLAINT? Yes No . If yes, give date filed, and briefly state the status or results thereof. If no, why not? Also, if you filed with the union, give the name of the Local and Representative:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Local & Representative or Name of Person with whom you submitted your complaint

## SECTION VI

**HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE? Yes No . If yes, give attorney's name, address, telephone, and facsimile numbers, and date retained.**

\_\_\_\_\_  
Date retained: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE:** The NAACP will **NOT** get involved unless/until your attorney is notified/informed by you that you have sought assistance of the NAACP. At the time your Attorney should address a letter of approval to the NAACP stipulating that he/she would like the NAACP's assistance in this matter.

## SECTION VII

**IF YOU WERE EMPLOYED WITH THIS COMPANY, WHAT DATE DID YOU BEGIN YOUR EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**ARE YOU STILL EMPLOYED WITH THIS COMPANY? YES NO ; IF NO, WHEN TERMINATED? \_\_\_\_/\_\_\_\_/\_\_\_\_**

If not employed, have you filed for employment compensation? Yes \_\_ No : Were you granted benefits? Yes \_\_ No :

## SECTION VIII

**DO YOU HAVE EVIDENCE AND OR WITNESSES TO SUPPORT YOUR ALLEGATIONS? Yes \_\_ No :** For evidence, state what evidence you have (make sure the Branch has a copy). For witnesses, give witness (es) full name, address, and telephone number of each. Also, state to what each witness can/will attest.

**WITNESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY/ZIP:** \_\_\_\_\_ **PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY/ZIP:** \_\_\_\_\_ **PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_



**SECTION XI**

WHAT IS/WAS YOUR PREVIOUS/LAST JOB TITLE? \_\_\_\_\_

IS/WAS THIS A MANAGEMENT/SUPERVISORY POSITION? Yes No

How were you rated on your last three (3) performance appraisal reviews?

Excellent/Exceeds expectations      Very Good/Meets expectations      Good/Average      Fair  
Poor/Does not meet expectations      Other

HAVE YOU EVER BEEN DISCIPLINE, WRITTEN-UP, ETC? Yes (how many times: \_\_\_\_\_) Briefly explain below;  
No

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

**SECTION XII**

HOW DO YOU WISH FOR THE FORT LAUDERDALE/BROWARD BRANCH OF THE NAACP TO HELP YOU WITH THIS MATTER?  
STATE YOUR DESIRED RESULTS. PLEASE BE BRIEF "TO THE POINT" / "SPECIFIC."

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

**SECTION XIII**

I AFFIRM THAT I HAVE, ON MY OWN, MADE AND WRITTEN THE FOREGOING CHARGE AND HAVE HAD AMPLE OPPORTUNITY TO MAKE CORRECTIONS. ALSO, I AFFIRM THAT ALL OF THE INFORMATION AND STATEMENTS I SUPPLIED IN THIS COMPLAINT TO THE NAACP ARE FACTS, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. FURTHER, I AFFIRM THAT NONE OF THE AFOREMENTIONED IS OF FABRICATED OR FRIVOLOUS NATURE.

IN CONSIDERATION OF SUCH DISCLOSURE, I HEREBY RELEASE AND HOLD HARMLESS THE NAACP AND ANY OF ITS REPRESENTATIVES FROM ANY AND ALL LIABILITY WHICH MAY ARISE THEREFROM.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

Witnessed by:

**APPENDIX I**

**RELEASE AND DISCLAIMER**

I, \_\_\_\_\_, the Complainant and undersigned, reside at

\_\_\_\_\_  
By placing my initials to the left of each numbered item below and my signature at the end of this document, I affirm that I understand it and agree with it in full.

- \_\_\_\_\_ 1. I have completed and submitted to **THE FORT LAUDERDALE/BROWARD BRANCH NAACP** a Complaint of Discrimination directed against \_\_\_\_\_ (“Respondent”).
- \_\_\_\_\_ 2. I understand that the NAACP is a private, non-profit, voluntary organization. It is not a government agency. Filing a complaint with the NAACP is not the same as filing a complaint with an administrative agency or filing a suit in a court of law. Whatever rights I have to file a complaint with an administrative agency, or to file a civil lawsuit is completely unaffected by whether or not I have filed my complaint with the NAACP.
- \_\_\_\_\_ 3. The deadline by which I must file my complaint or lawsuit with the appropriate source is \_\_\_\_\_. If I do not file my complaint or lawsuit by that time, I may have no right to a recovery from any harm from the Respondent.
- \_\_\_\_\_ 4. **I have authorized the NAACP to investigate my complaint, AND to attempt to mediate my complaint with Respondent and /or Respondent’s representatives in order to explore the possibility of settlement; AND if there is no settlement, to provide me with a referral list of lawyers who my consider representing me in litigation against the Respondent.**
- \_\_\_\_\_ 5. I will provide the NAACP copies (not originals) of whatever documents I have to support the complaint. If I request in writing that some of the material held be in confidence, the NAACP will hold it in confidence; otherwise, the NAACP may share it with the Respondent(s) or with state or federal anti-discrimination agencies.
- \_\_\_\_\_ 6. If the NAACP mediates my complaint with Respondent, I will refrain from filing my complaint with a state or federal anti-discrimination agency, or filing a lawsuit while the mediation is in progress. However, I am free at any time, after notifying the NAACP of my intentions, to terminate the mediation and file my complaint with at state or federal anti-discrimination agency, or file a lawsuit. If the mediation is non-binding, I am not required to accept a settlement with the Respondent(s).
- \_\_\_\_\_ 7. I agree that if I accept a settlement with the Respondent(s), I will be required to sign a release of Claims against a Respondent(s), and I will honor the terms and conditions of such a Release and Claim.

\_\_\_\_\_ 8. I understand that the NAACP is a Civil Rights Organization, **not a law firm**, and cannot provide me with legal advice or legal representation. Although some of its members and volunteers are lawyers, they represent the NAACP and not me personally.

\_\_\_\_\_ 9. I release and hold harmless the NAACP, its officers, directors, employees, agents, personal actions and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreement, promises, variances, trespasses, damages, judgments, executions, claims, and demands whosoever, in law in equity, which I ever had, may have in the future, or which any of my personal representative, successors, heirs or assigns hereinafter can, shall or may have against the NAACP, upon or by reason of the NAACP's handling of my Complaint of Discrimination.

Agreed by: \_\_\_\_\_

Dated: \_\_\_\_\_

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Signature of Complainant

Witnessed by: \_\_\_\_\_  
Signature of NAACP Member/Volunteer

(Date should be same as above)

**APPENDIX II**

**OFFICIAL LETTER OF AUTHORIZATION**

I, \_\_\_\_\_, do affixed my signature below to express to the Respondent(s) and or any of its Representatives that I have sought the assistance of the Fort Lauderdale/Broward Branch of the National Association for the Advancement of Colored People (NAACP). To aide the NAACP during its investigation, I hereby authorize and grant the NAACP and its Representative(s) full permission to review, discuss, and or copy any and all file(s), documentation, records pertaining to me in its/their entirety.

Further, let it be known that I do not need to be present for such to take place.

\_\_\_\_\_  
Complainant's Authorization Signature

\_\_\_\_\_  
Date