



**New Jersey State Conference of NAACP
Discrimination Complaint Form**

P.O. Box 1706

Montclair, NJ 07042

email: info@njnaacp.org

website: www.njnaacp.org

Name:

Home Address:

Email:

Telephone Number:

Where did the incident take place? Please contact your local branch of the NJ State NAACP. Check for Local Branch information at: www.njnaacp.org

Important - Did incident occur within the County Public School System?

Yes ()

No ()

If Yes, has a complaint been filed with the supervisor, manager, owner or human resources department?

Yes ()

No ()

Provide Date(s) of the incident(s):

Please describe your discrimination complaint with as much detail as possible. Are all details provided true and accurate?

Do you give permission to the NAACP to investigate this complaint?

Yes ()

Email form to: info@njnaacp.org

No ()