



Cedar Rapids NAACP Chapter #4013

P.O. Box 1595

601 Second Avenue SE

Cedar Rapids, IA 52406

<https://naacpcr.com>

Office Phone Number: 319-449-4397

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 ; Color ; National origin ; Sex/Gender identity ;

Religion ; Disability ; Age ; Sexual orientation

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

