HILLSBOROUGH COUNTY BRANCH NAACP
COMPLAINT INTAKE FORM

OFFICE USE ONLY:
DATE:_____COMMITTEE REFERRED TO:_____ID#_____

NAME OF COMPLAINANT_____

ADDRESS_____

CITY_____STATE_____ZIP_____

TELEPHONE NUMBERS: (home)_____(work)_____

DATE OF INCIDENT_____

NAME/ADDRESS/PHONE NUMBER OF COMPANY/CORPORATION COMPLAINT IS AGAINST:_____

ACCOUNT OF INCIDENT:_____

(please write on 2nd page remedy/relief sought)

NAMES AND ADDRESSES OF TWO (2) REFERENCES:

(please continue on page 2)

HILLSBOROUGH COUNTY BRANCH NAACP
COMPLAINT INTAKE FORM

COMPLAINANT SIGNATURE_____DATE_____

OFFICE STAFF SIGNATURE_____DATE_____

NAACP MEMBER? YES_____NO_____REGISTERED VOTER? YES_____NO_____

MEMBERSHIP INFORMATION/VOTER REGISTRATION PROVIDED YES_____NO_____

Please use the space below to describe Relief or Remedy you are seeking in this matter: