



# NAACP

[www.naacpmacon.org](http://www.naacpmacon.org)

**THANK YOU FOR CONTACTING THE MACON-BIBB COUNTY NAACP BRANCH.**

**IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MUST FILE IMMEDIATELY. YOU ONLY HAVE (180) DAYS FROM THE ALLEGED EVENT TO FILE ALL JOB RELATED DISCRIMINATION COMPLAINTS WITH THE EEOC.**

**EEOC Contact Info: 800-669-4000. Mailing Address: Sam Nunn Atlanta Federal Center. 100 Alabama Street, SW, Suite 4R30. Atlanta, Georgia 30303. Website: [www.eeoc.gov](http://www.eeoc.gov)**

**PLEASE COMPLETE THE ATTACHED COMPLAINT FORM AND RETURN TO OUR OFFICE.**

**Founded in 1909, by a diverse group of citizens committed to helping to right social injustice, the NAACP is a membership organization and we ask that you assist us by becoming a member as we assist you with your concerns.**

**The National Association for the Advancement of Colored People is the nation's oldest, largest and most-widely recognized, community-based organization in the United States. The principal objective of the NAACP is to ensure the political, educational, social and economic equality of minority citizens in this country.**

Sincerely,

**Al Tillman  
Macon-Bibb County Branch President**



## NAACP MACON-BIBB COMPLAINT FORM

### COMPLETE AND MAIL OR FAX TO:

Macon-Bibb County NAACP Branch  
P O Box 6452  
Macon, Georgia 31208  
Office (478) 745-9944 Fax (478) 752-5161  
E-Mail: [naacpmacon@cox.net](mailto:naacpmacon@cox.net)

### COMPLAINT OF DISCRIMINATION

(Office Use Only) Unit #5215

Date Received in Office: \_\_\_\_\_ Received 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.*

### AGGRIEVED PERSON CONTACT INFORMATION

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

HOME TELEPHONE \_\_\_\_\_

### COMPLAINT OF DISCRIMINATION DIRECTED AGAINST

COMPANY OR PERSON NAME \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_



**REMEDY REQUESTED / WHAT DO YOU WANT TO SEE HAPPEN**

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**I UNDERSTAND THAT THE NAACP IS A PRIVATE, NONPROFIT, 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 ARE COMPLETELY UNAFFECTED BY WHETHER OR NOT I HAVE FILED THIS COMPLAINT WITH THE NAACP.**

**I UNDERSTAND THAT THE NAACP IS 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.**

**I, \_\_\_\_\_ do hereby authorize the NAACP to**

**Investigate my complaint and to take any steps necessary to resolve my issue.**

**MEMBER OF THE NAACP? YES ( ) NO ( ) MEMBERSHIP PAID \$ \_\_\_\_\_**

**ARE YOU A REGISTERED VOTER? YES ( ) NO ( )**

**SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_**

**DATE \_\_\_\_\_**