

**NAACP Macon Bibb BRANCH**

P.O. Box 6452

Macon, Georgia 31208

Phone: (478)745-9944 E-mail: naacpmacon@cox.net

COMPLAINT FORM

Name of person making complaint: \_\_\_\_\_

Phone (work): (    ) \_\_\_\_\_ (home): (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state*

Nature of complaint: \_\_\_\_\_  
\_\_\_\_\_

Person(s) or Company / Business against whom complaint is filed \_\_\_\_\_  
\_\_\_\_\_

Date of complaint (when did the alleged unfair action against you take place) \_\_\_\_\_

What if anything, did you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of the NAACP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please give names and addresses of anyone who witnessed this incident:

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

“DO JUSTICE - JUSTICE DUE”  
“THE STRUGGLE FOR JUSTICE CONTINUES”

Describe in detail what took place and include dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like for us to do for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS DOCUMENT **MAY** SERVE AS SWORN TESTIMONY IN THE COURT OF LAW. ALL INFORMATION GIVEN MUST BE ACCURATE AND NOTORIZED BY A LICENSED NOTARY PUBLIC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this Day \_\_\_\_\_, Month \_\_\_\_\_, Year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Seal:

Seal expiration date: \_\_\_\_\_

Received By NAACP Member: \_\_\_\_\_ Date: \_\_\_\_\_

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