



NAACP DISCRIMINATION COMPLAINT FORM

Please print this form and mail it to:

Reno/Sparks NAACP

P.O. Box 7757

Reno, Nevada 89510

(775) 322-2992

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

NOTE: The Reno/Sparks NAACP makes every effort to provide assistance on discrimination matters. If you are not a member, we would appreciate your support by submitting the enclosed membership form with payment. Thank you!

Please Check the Type of Discrimination Complaint You Are Making:

- | | | | |
|---------------------|--------------------------|-----------------------|--------------------------|
| Banking and Finance | <input type="checkbox"/> | Private Employment | <input type="checkbox"/> |
| Business/Company | <input type="checkbox"/> | Public Employment | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | Public Accommodations | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> | Public Transportation | <input type="checkbox"/> |
| Police Misconduct | <input type="checkbox"/> | Veterans' Affairs | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |
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