COMPLAINT OF DISCRIMINATION
Based on race, color, religion, national origin, sex, age, handicapped status

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.

MAIL OR DELIVER TO
NAACP UNIT: Tennessee State Conference
ADDRESS OF UNIT: 27 A Brentshire Square
Jackson, Tennessee 38305

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<td>YOUR NAME</td>
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<td>STREET ADDRESS</td>
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<td>CITY</td>
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2. WAS THE DISCRIMINATION BECAUSE OF (Please check those that apply)
[ ] RACE OR COLOR [ ] RELIGION [ ] NATIONAL ORIGIN [ ] SEX [ ] AGE [ ] HANDICAPPED
[ ] OTHER __________________

3. WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, LICENSING AGENCY, ETC. (List all)

NAME ______________________________________________________________________________________

STREET ADDRESS ______________________________________________________________________________

CITY ____________________________ STATE ____________ ZIP CODE ____________

And (Other parties if any) – please attach

4. HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY (IES)?
[ ] YES [ ] NO WHICH ONE (S)? ________________________________________________________________

5. HAVE YOU FILED A GRIEVANCE WITH YOUR UNION [ ] YES [ ] NO

NAME OF LOCAL AND REPRESENTATIVE: __________________________________________________________

6. HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE [ ] YES [ ] NO

NAME OF ATTORNEY __________________________________________________________________________

ADDRESS AND PHONE NUMBER __________________________________________________________________

7. THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED: MONTH ____________ DAY ____________ YEAR ________________

8. PLEASE ATTACH STATEMENT TO THIS DOCUMENT

9. I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF

SIGNATURE OF COMPLAINANT __________________________________ DATE: __________________