

# **Complaint Form**

Lincoln Branch -- NAACP

P.O. Box 81322

Lincoln, NE 68501

Voice Mail # (402) 475-4700 Fax # (402) 475-4700

Today' Date: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Witnesses: (Please include names, addresses & phone numbers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date & Time of Incident: ( include A.M. or P.M.):

\_\_\_\_\_

Place Incident Occurred : \_\_\_\_\_

\_\_\_\_\_

Account of Incident: (Please be as specific as possible; attach additional pages if necessary.) :

\_\_\_\_\_  
\_\_\_\_\_

**What actions need to be taken to resolve this issue?**

Complaint Form  
Lincoln Branch -- NAACP  
P.O. Box 81322  
Lincoln, NE 68201  
Voice Mail # (402) 472-4700 Fax # (402) 472-4700

Today's Date: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

**What actions have already been taken? (please include dates and additional pages if necessary.)**

Telephone: (area) \_\_\_\_\_

Witnesses: (Please include names, addresses & phone numbers):

---

---

---

---

---

Date of Time of Incident (include A.M. or P.M.): \_\_\_\_\_

Have you filed this complaint with any other agency?  YES  NO

If so, please indicate where and when this action took place: \_\_\_\_\_

---

---

---

**If you change your address or phone number, please contact the NAACP as soon as possible.**