

## **Manchester NAACP Complaint Form Instructions**

1. Date: The date complaint form is completed.
2. Name: List the name of the person who wants help. If more than one person is filing charges about the same incident, each person should complete a separate complaint form.
3. Address/City/State/Zip: This should be an address where the person named on the complaint form can receive mail on a timely basis.
4. Phone/s: This is the phone contact numbers of person seeking help.
5. What happened: This is a description of the incident/s in question.
6. Where: This is the address of the location where the incident occurred.
7. Individual who complaint is against: Name of person/s or company responsible for the circumstances or incident in question.
8. Witnesses to complaint: Who saw what happened? Who has first hand knowledge of the incidents or circumstances in question?
9. When did complaint occur: What is date/s of the incident/s in question?
10. Action desired by person seeking help: What relief are you seeking or help you want? What do you feel will correct the situation? And what do you want the NAACP to do.

Send completed form to:

**Manchester NAACP – P.O. Box 473 – Manchester, NH 03105**



**National Association for the  
Advancement of Colored People (NAACP)  
Manchester, NH Branch # 2069  
Complaint form**

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

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What happened (describe the incident/s in question): \_\_\_\_\_

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

(use back of page if needed)

Address where the incident occurred. \_\_\_\_\_

\_\_\_\_\_

Name of individual/company complaint is against: \_\_\_\_\_

\_\_\_\_\_

Witness to complaint: \_\_\_\_\_

\_\_\_\_\_

Date complaint occurred: \_\_\_\_\_

Action desired by person seeking help: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Office Use Only)

Complaint Received by: \_\_\_\_\_

Complaint referred to: \_\_\_\_\_

Action taken: \_\_\_\_\_