



**NATIONAL ASSOCIATION FOR THE  
ADVANCEMENT OF COLORED PEOPLE**

**Unit 6219 PO Box 5796  
San Angelo TX 76902-5796**

**(325)703-5200**

By signature below, I authorize release of any information that will assist NAACP representatives while investigating my complaint. I do so under the provisions of the Privacy Act Statues of the United States of America.

---

Printed Name

---

Signature

---

Date

---

Street Address/P.O. Box/Apartment Number

---

City/State/ZIP Code

---

Home Phone Number

---

Cell/Business Mobile



**NATIONAL ASSOCIATION FOR THE  
ADVANCEMENT OF COLORED PEOPLE**

**Unit 6219 PO Box 5796 San Angelo TX 76902-5796  
(325)703-5200**

**COMPLAINT FORM**

San Angelo Unit 6219 \* P.O. Box 5796 \* San Angelo Texas 76902-5796  
N A A C P Unit or Office receiving the complaint

*Instructions:* Print or type, make two copies, submit one to your nearest NAACP Unit and keep one for your records.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

ADDRESS OF FACILITY \_\_\_\_\_

DATE OF ALLEDGED INCIDENT \_\_\_\_\_

**I wish to make on my own free will and accord, the following complaint involving discrimination against me or the denial of my constitutional rights. (State all facts known to you, including nature of the incident, time, place, circumstances, number of witnesses, etc.) Use the reverse side of this page and additional pages, if necessary. Have the statement notarized.**

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



**NATIONAL ASSOCIATION FOR THE  
ADVANCEMENT OF COLORED PEOPLE**

**Unit 6219 PO Box 5796  
San Angelo TX 76902-5796**

**(325)703-5200**

---

---

---

---

---

---

---

---

---

---

**TOM GREEN COUNTY  
STATE OF TEXAS**

The Affiant, \_\_\_\_\_, appeared before me a Notary Public on  
the \_\_\_\_\_ day in the month of \_\_\_\_\_ in the year of our Lord \_\_\_\_\_.  
After first being sworn by me, the Affiant states that the information they have written in this  
document is true and accurate to the best of their knowledge. Witness their signature below.

\_\_\_\_\_  
**Name of Affiant**

SEAL

\_\_\_\_\_  
**Name of Notary Public**