



## 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

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

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

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

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

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

Email: \_\_\_\_\_

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**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!**

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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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