

NAACP

Eugene/Springfield, Oregon Branch #1119

INCIDENT REPORT

If you believe that you were subjected to illegal discrimination, you may file a formal complaint. If you do not wish to file a formal complaint, you may use this form to document the incident(s) or conduct which you believe to be illegal discrimination.

(1) Name: _____ (2) Date: _____

(3) Home Address: _____
Street City State Zip

(4a) Home Phone: _____ Work Phone: _____

(5) Place of Employment: _____

(6) Employer's Address: _____
Street City State Zip

(7) Your Job Title: _____

(8) How long hve you been employed there? _____

(9) Your Race: _____ Please refer to the following definitions:

* African American/Black- People having origins in any of the black racial groups of Africa.

* Native American, American Indian or Alaskan Native- Person having orogins in any of the original peoples of North American, and who maintain culture identification through tribal affiliation or community recognition.

* Hispanic- Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Cultural origin, regardless of race.

* Asian or Pacific Islander- Persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, India Japan, Korea, the Phillippine Island, and Samoa.

* White - Persons having origins in any of the original peoples of Europe or the Middle East. Not of Hispanic origin.

(10) Your Gender: Female _____ Male _____

(11) Describe the events or conduct that caused you to believe that you were discriminated against.

(a) What happened? Please cite in detail the specific events or conduct:

(b) Discriminating Individual(s) - Include Names, Race, Gender and address of each:

(c) Please cite specific dates and times for each event and conduct described above:

(d) Where did this happen? Cite location and address for each event:

(e) What was the effect or impact of the discriminating behavior on you?

If more space is needed, use additional sheets and submit them with this document.

(f) Who was involved? Include names, address, phone #, race, gender or any other information that you have about others involved: _____

(12) In the incidents described in #11 above, I believe that I was illegally discriminated against based on my:

(a) Race _____ (b) Sex _____ (c) National Origin _____ (d) Age _____ (e) Religion _____

(f) Disability _____ (g) Veteran's Status _____ (h) Other (Please Clarify): _____

(13) Witnesses:

(a) _____
Name Street City State Zip

(b) _____
Name Street City State Zip

(c) _____
Name Street City State Zip

(14) To date, what actions (if any) have you taken in response to the incidents or conduct cited in # 10?

(15) What do you believe would be an appropriate resolution to this situation?

Signature: _____ Date: _____

Print Full Name Here: _____

Witness: _____

Witness: _____

Witness: _____

Notice of Non-Retaliation Requirements

Section 704(a) of the Civil Rights Act of 1964, as amended, and Section 4 (d) of the Age Discrimination in Employment Act of 1967, as amended, state:

It shall be an unlawful employment practice for an employer to discriminate against any of his employees or applicants for employment, for an employment agency to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership. Because he has opposed a practice made an unlawful practise by this title because he has made a charge, testified, assisted or participated in any manner in an investigation, proceeding, or hearing under this title. The Equal Pay Act 1963 contains similar provisions.

Persons seeking the assistance of the Eugene/Springfield Branch #1119 are advised of these Non-Retaliation Requirements, and will be advised to notify the EEOC and other appropriate officials of state government if any attempt at retaliation is made.

Please enclose this information and copies of any substantiating documents in an envelope marked confidential, and forward to:

NAACP

Eugene/Springfield Branch #1119

P.O. Box 11484

Eugene, Oregon 97440

Phone (541)484-1119