



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

VETERANS REQUEST FOR ASSISTANCE/COMPLAINT REPORT

NAACP Houston Branch
2002 Wheeler
Houston, TX 77004

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This form to be used by members of the active and reserve armed services and their families and veterans and their families.

Completing this form does not constitute an attorney client relationship nor does it substitute for filing a complaint with an official governmental agency.

Deliver this form to the NAACP Houston Branch 2002 Wheeler Ave. Houston, Texas 77004 or return via e-mail to Veterans@NAACPHouston.org or fax to 713-630-2699.

1. NAME (Print Below)

LAST, FIRST MIDDLE INITIAL

Street Address City, State Zip Code

Telephone-Home Cell Number E-mail Address

BRANCH OF MILITARY ACTIVE/RESERVE/RETIRED/DEP TYPE OF DISCHARGE

2. Is this a discrimination case? If so check the correct blank below:

___ RACE OR COLOR ___ RELIGION ___ NATIONAL ORIGIN ___ SEX ___ AGE
___ HANDICAPPED STATUS ___ OTHER.

3. If you answered yes to number 2, describe below who discriminated against you? Give name and address of the employer, labor organization, employment agency, apprenticeship program, licensing agency, etc. (List All)

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AND OTHER PARTIES IF ANY _____

4. Have you filed a request for assistance with your state or federal representative ___ Yes ___ No?

5. Have you filed a request for assistance with any governmental agency(ies)? Which agency? ___ Yes ___ No

6. Have you filed a request for assistance with any other person or agency? ___ Yes ___ No

7. Give the name and telephone number of other persons/organization that are working on this issue for you? _____

8. ATTACH A COPY OF YOUR DD-214/WRITE BELOW ON THIS FORM HOW WE MAY HELP YOU. I affirm that the information I have provided is true and correct.

