



NAACP

National Association for the Advancement of Colored People
Stafford County Branch
P.O. Box 160
Stafford, Virginia 22555
<http://www.staffordnaacp.org>

Are you a current member of the NAACP?

Yes No

Date:

FOR OFFICE USE ONLY:

Date Received:

Followed Up By:

Last Name

First Name

Middle Initial

Address

Telephone Number (home)

City, State, Zip

Telephone Number (work)

EXT.

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (FRONT AND BACK). INCOMPLETE APPLICATIONS WILL NOT BE HEARD BEFORE THE EXECUTIVE COMMITTEE.

(a) With whom is your grievance?

(b) What is your grievance?

(c) What resolution do you suggest?

(e) To date, what actions have you taken so far?

(f) What would you like the Stafford County Branch of the NAACP to do for you regarding the grievance?

(g) Would you like to present your grievance to the NAACP Stafford County Branch Executive Committee?

Yes

No

(h) Please propose three dates you are available to meet:

1. _____

2. _____

3. _____

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Stafford County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Stafford County Branch of the NAACP to have access to information and documents, which are relevant to my claim of discrimination described above.

By signing this form, you agree to the cessation of this grievance once it has been heard. Once the Executive Committee has heard your grievance, you agree to not address the situation in a general membership meeting moving forward. If you continue to speak to the grievance after the Executive Committee has heard it, you will not be allowed to be present at the general monthly membership meetings.

Signature: _____ Print full name: _____ Date: _____

COMPLETION OF THIS FORM

By completing this form you give the Stafford County Branch NAACP Executive Committee permission to address this information. Please mail or email this information and copies of sustaining documents in an envelope marked confidential to:

Stafford County Branch NAACP
P.O. Box 160
Stafford, VA 22555

StaffordNAACP@gmail.com