



CINCINNATI NAACP Complaint Intake Form

DATE: _____

NAME: _____

CONTACT INFORMATION: _____

NATURE OF COMPLAINT: _____

REFERRAL TO COMMITTEE:

- | | |
|---|--|
| <input type="radio"/> ACT-SO | <input type="radio"/> Labor & Industry |
| <input type="radio"/> Armed Services and Veteran Affairs | <input type="radio"/> Legal Redress |
| <input type="radio"/> Communications, Press and Publicity | <input type="radio"/> Membership |
| <input type="radio"/> Community Coordination | <input type="radio"/> Political Action |
| <input type="radio"/> Criminal justice | <input type="radio"/> Religious Affairs |
| <input type="radio"/> Economic Empowerment | <input type="radio"/> Scholarships |
| <input type="radio"/> Education | <input type="radio"/> The Collective! |
| <input type="radio"/> Finance | <input type="radio"/> Transportation |
| <input type="radio"/> Freedom Fund | <input type="radio"/> Women in the NAACP (WIN) |
| <input type="radio"/> Health | <input type="radio"/> Youth Council |
| <input type="radio"/> Housing | |

Reviewed by Committee

Name: _____

Date: _____

Action

Taken:
