



MARICOPA COUNTY BRANCH NAACP #1011 REQUEST FOR ASSISTANCE FORM

Mail form to NAACP Maricopa County Branch, P.O. Box 20883, Phoenix, AZ 85036
or email to admin@naacpmaricopaz.org

Please note: additional agencies or organizations may receive this form for review purposes. By the NAACP Maricopa County Branch, forwarding this form, you acknowledge the possibility that other agencies or organizations may receive the information contained in this request in order to assist you with your concerns. Assistance from the NAACP Maricopa County Branch and other agencies or organizations is dependent on their ability and available resources to provide help.

Name: _____

Address: _____ **City & State:** _____

Primary Telephone Number: _____ **Alt. Telephone:** _____

Email Address: _____

NAACP Member: Yes No

If No, are you interested in becoming a member? Yes No

**if yes, see enclosed membership form*

Indicate Type of Request(s):

- | | | |
|------------------|-------------------------------|------------------|
| Civic Engagement | Environmental/Climate Justice | Veterans Issues |
| Health | Economic Opportunity | Criminal Justice |
| Education | Legal | |

Date(s) of Incident(s): _____

Place of Incident(s): _____

Name of Person(s) who committed the discriminatory act(s): _____

Name of Witness/Witnesses to Incident(s): _____

Please describe the Incident(s) in detail. List all pertinent facts and cite specific details relating to your discrimination, i.e., what act of discrimination occurred? Be as specific as possible: (additional pages maybe added if needed)

Are you currently being represented by an Attorney? Yes No

If yes, provide name: _____

What help are you seeking from the NAACP? _____

Signature: _____ **Date:** _____