



Have you filed a grievance with any governmental agency?

Yes (If yes, which agency?) \_\_\_\_\_

No

Have you filed a grievance with your union?

Yes

No

Union Representative: \_\_\_\_\_

Have you filed with Equal Employment Opportunity Commission?

Yes  No

EEOC Name: \_\_\_\_\_

Local Representative: \_\_\_\_\_

Have you retained an attorney regarding this case?  Yes  No

Attorney's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a member of the NAACP?  Yes  No

If yes, which Branch? \_\_\_\_\_

**I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail Completed Form To:**

Watauga County NAACP Branch

P.O. Box 2495

Boone, NC 28607