



Pennsylvania
STATE CONFERENCE

COMPLAINT TRACKING FORM

NAACP Branch/Unit

DATE	NAME, ADDRESS & PHONE NO. OF COMPLAINANT	NATURE OF COMPLAINT	PARTIES COMPLAINT IS FILED AGAINST	AGENCY TO WHICH COMPLAINT IS REFERRED & DATE	CURRENT STATUS

Please email this completed form, at the end of each quarter, to the Legal Redress Committee Chair. Email: naacppastateconference@gmail.com.