		Are you a current member of NONHRO?				
		Yes No				
Now Order National Human Pights One	ronization	Date:				
New Order National Human Rights Organization http://www.nonhro.org Business Hotline :1-800-346-5138		FOR OFFICE USE ONLY:				
		Date Received:				
		Followed Up By:				
Land Niema		Middle Initial				
Last Name First Name		wilddie iiitiai				
Address Telephone		e Number (home)				
City, State, Zip Telephone		e Number (work)				
		EXT.				
PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (FRONT AND BACK) ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED VIOLATIONS THAT OCCURRED. INCOMPLETE APPLICATIONS CANNOT BE INVESTIGATED UNTIL COMPLETED.						
Place of Employment:		Address:				
		City, State, Zip:				
Please note the following definitions:		Your race:				
 African American/Black —People having origins in any of the Black racial groups of Africa. Not of Hispanic origin. Native American, American Indian or Alaskan Native — Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation of community recognition. Hispanic —Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. 						
		(a) Did the discrimination occur as a result of:				
		Race				
		Sex				
		Age				
 Asian or Pacific Islander —Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes for example, China, India, Japan, Korea, the Philippine Islands, or Samoa. White —Persons having origins in any of the original 		Religion				
		Disability				
		Veteran s Status				
		Other:Prosecutorial Miscondu	ct			

peoples of Europe, No Hispanic origin.	orth Africa or the Middle	East. Not of			
How were your Rights violated?					
By whom were your Rights violated by -include name(s),		ide name(s), rac			
Name:	Name: Race:		Gender:		
Name: Race:		Gender		r:	
Name: Race:			Gender:		
Where did the violation	ns take place? Cite locat	tion/address for	each incid	lent:	
Address #1:	City:	State:		Postal Code:	
Address #1:	City:	State:		Postal Code:	
Did anyone witness the	ace?				
Witness #1:		Address:			
Available to make statement on your behalf:		Phone:			
Yes No					
Witness #2:		Address:			
Available to make statement on your behalf:		Phone:			
Yes No					
What was the effect or impact of the violations on you?					
To date, what actions have you taken so far?					
Have you filed a complaint with or notified any other organization or individual regarding this manner?					
Yes No					

Name:	Address:	
	Phone:	
What actions, if any, wer	re taken in response to the complaint or notice of	of concern?
Who took these actions?		
When were these actions	taken?	
(i) What would you like	the NONHRO to do for you regarding the viola	tions?
	RELEASE OF LIABILITY	
I hereby request the assis	ts that I have made above are accurate and true tance of the NONHRO in seeking a remedy to to staff of NONHRO to have access to information my claim of any and all violations described	the situation described above. I hereby on and documents, which are relevant to
NONHRO Representives matter if deemed necessar	ers and staff of NONHRO are NOT Attorneys a can and may refer me to an Attorney and/or othery. In fact, I understand that NONHRO cannot gerstand that they can only use their best efforts to	ner agency for the handling of this guarantee any particular outcome to my
Signature:	Print full name:	Date:

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time NONHRO is only seeking information to assist you concerning this complaint. Please attach copies of sustaining documents in an envelope marked confidential to: NONHRO

New Order National Human Rights Organization P.O.Box 1821

Marietta, Ga 30061

Office: 1-800-346-5138

email: <u>n1992order@yahoo.com</u> johncosno2014@yahoo.com

Please visit us on Facebook

https://www.facebook.com/pages/New-Order-National-Human-Rights-Organization/102999876424199

Founder and CEO Gerald E. Rose