

NOTICE OF DISCRIMINATION

Incident Report Form

This establishment is PROHIBITED BY LAW from discriminating against an individual based on age, gender, ethnicity, medical condition or religious beliefs.

The U.S. Department of Justice, Civil Rights Division
is required to investigate complaints of discrimination.

DATE of Violation: _____

NAME of Violator: _____

(If identity is not given, provide physical description of perpetrator):

Name of business: _____

Location of Incident: _____

Description of Incident: (attach additional sheets if needed):

The above named violator of my Civil rights has been informed of U.S. Law and has willingly and knowingly refused my free and equal entry and access to all services and facilities as required by law. This individual has received a NOTICE OF DISCRIMINATION and has been informed that **CRIMINAL CHARGES are being filed** in the **Civil Rights Division of the Department of Justice** and/or with the United States District Attorney and/or in the U.S. District Court for this willful violation of my U.S. Civil Rights.

Signature of injured party: _____ Date: _____

PRINT FULL NAME: _____

Signature of violator: _____ Date: _____

PRINT FULL NAME: _____

_____ CHECK here if violator refuses to sign NOTICE OF DISCRIMINATION

WITNESS (optional) Name: _____

PUBLIC ACCOMMODATIONS AND FACILITIES

Federal law prohibits privately owned facilities including retail establishments, medical offices and those that offer food, lodging, gasoline or entertainment to the public from discriminating on the basis of race, color, religion, medical condition, disability or national origin.

REQUIRED BY LAW:

The U.S. Department of Justice
Civil Rights Division

DOJ is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability age and religion