

CONFEDERATION OF CLUBS

Discrimination Complaint Form

(Please Print)

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____

Phone: (____) _____ (____) _____

Club: _____

Complaint Information

Date and Time of Incident: _____

Name, Address and Telephone Number of the Business Refusing You Service: _____

Name(s) and Title(s) of Person(s) Refusing Your Service:

Did You Give Them a Discrimination is Illegal Card? Yes ___ No ___

If Yes, What Was There Reaction? _____

What Happened? Give Details and Make Statements as Complete and Accurate as Possible (use additional paper if needed)

List Witnesses' Names, Addresses, Telephone Numbers and Descriptions: _____

Were the Police Called? Yes ___ No ___

If Yes, Give the Name of the Police Department, Officer(s) Name and Badge Number(s) and Describe the Actions of the Officers. List Any Citations (if any), Warnings, or Complaints That May Have Been Filed. Include Identification Numbers and Attach Copies, If Possible. _____

Do You Know of any Other Instances of Discrimination Involving This Establishment?
Yes ___ No ___

If Yes, Please Provide As Much Detail As Possible, Such As the Date of the Incident, Name of Those Involved and How To Contact Them: _____

Would You Agree to Pursue This Claim Through the Courts? Yes ___ No ___

Please Provide Any Additional Information You Have That Is Important:

Send This Form To:

CONFEDERATION OF CLUBS
Law Office of Richard Lester
7334 Topanga Canyon Blvd.
Suite 200
Canoga Park, CA. 91303

For additional information call (800)525-5355