

CONFEDERATION OF CLUBS OF NORTH VALLEY
DISCRIMINATION COMPLAINT FORM
(please print)

Name: _____ Date: ____/____/____

Address: _____

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 you service: _____

Did you give them a "Discrimination is Illegal" card? YES NO

If yes, what was their reaction? _____

What happened? Give details and make statements as complete and accurate as possible. (use additional paper if needed)
