

**CONFEDERATION OF CLUBS OF ARKANSAS**  
**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List witnesses name, address, telephone number and descriptions:

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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 the identification numbers and attach copies if possible.

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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.

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Would you agree to pursue this claim through the courts?                      YES                       NO

Please provide any additional information you think is important.

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Send this form to:

**CONFEDERATION OF CLUBS OF ARKANSAS**

**Law Offices of Richard M. Lester**

21054 Sherman Way  
Third Floor  
Canoga Park, CA 91303

**For additional information, call (800) 525-5355**