AFFIDAVIT

NOTICE OF DISCRIMINATION

You are not at liberty to violate my rights.

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 violator): ._____ 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 been served a NOTICE OF DISCRIMINATION and has been informed that CHARGES may be 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: _____ Date: _____ PRINT FULL NAME: ______ ____ CHECK here if violator refuses to sign NOTICE OF DISCRIMINATION

PUBLIC ACCOMMODATIONS AND FACILITIES

WITNESS (optional) Name: ______

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