



**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.  
Civil Rights Act of 1964**

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: \_\_\_\_\_  
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.**