

CONFEDERATION OF CLUBS OF OREGON

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:

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.

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 think is important.

Send this form to:

CONFEDERATION OF CLUBS OF OREGON

Law Offices of Sam Hochberg

750 Morgan Building
720 South West Washington
Portland, OR 97205

For additional information, call (800) 525-5355