American-Arab
Anti-Discrimination Committee
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Media Incident Report Form

Please fill out this form clearly. Describe the incident with as much detail as pertinent . The information you provide will remain confidential.

*Name*_____ *Date*_____

*Address*_____

_____

*City*_____ *State*_____ *Zip*_____

*Phone*_____ *Email*_____

*Signature*_____

- My comments are regarding a positive portrayal of Arab Americans, Arabs, or Muslims in the media. ☐
- My comments are regarding a negative portrayal of Arab Americans, Arabs, or Muslims in the media. ☐

Please select all that apply:

- ☐ Local Radio
- ☐ National Radio
- ☐ Local Television
- ☐ National Television
- ☐ Local Newspaper
- ☐ National Newspaper
- ☐ Magazine
- ☐ Film
- ☐ On-line
- ☐ Other
- ☐ News Show
- ☐ Talk Show
- ☐ Comedy Program
- ☐ Drama Program
- ☐ Article
- ☐ Cartoons
- ☐ Advertisement
- ☐ Reality Television
- ☐ Caricature
- ☐ Other

Name of Program/Film/Article/TV Show :

_____

(*IE: Good Morning America, The Siege, The West Wing etc.)*

Date _____

Time _____

Name of Person _____

Do You Have a Copy/ Tape? ____ Yes ____ No

Please use the following space (attach additional sheets, if necessary) to describe the incident and its context in detail, and for any additional comments and information you would like to convey.

_____

_____

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_____

Have you reported this incident to any other organization or person? ___Yes ___No

If yes, who? _____