



Incident Report / Discrimination Claim

Please fill out this form clearly. Describe the incident with enough information so we may better understand your complaint. The information you provide will remain confidential during the investigation and verification of the incident.*

Name _____ Date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ cell ___ home ___ work Email _____

Signature _____

**Membership in ADC is required in order to receive legal assistance.*

Incident Information

Category of Discrimination: *Please check all that apply.*

Education Employment Entertainment Law Enforcement Media
 National Origin Public Accommodation Religious Sexual Orientation
 Other, please detail: _____

Cause/Reason for Discrimination: *Please check all that apply.*

Age Color Citizenship or Immigration Status Document Abuse Gender
 National Origin Public Accommodation Race/Ethnicity Religion
 Other, please detail: _____

Incident Details: *Please use space below (attach additional sheets, if necessary) to describe the incident as clearly as possible.*

Incident reported to _____ Date of Incident ____ / ____ / ____ Time of Incident _____

Address / Location of Incident _____

Name of Involved Person(s) _____