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*Sara Najjar-Wilson,
National President*

Incident Report/Discrimination Claim

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

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Contact Number _____

Incident Information

Discrimination Category:

- Employment
- Religious
- Education
- Entertainment
- Media
- Law Enforcement
 - Other _____

Cause and Reason for Discrimination:

- Race
- Color
- Gender
- Age
- National Origin
- Religion
 - Other _____

Date of incident _____ Time of incident _____

Parties Involved _____

Location of Incident _____

Have you been in contact with an attorney?

- Yes
- No

If yes, please supply the attorney's name and information:

