

# Confederation of Motorcycle Clubs

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Law Offices of Richard M. Lester  
21054 Sherman Way  
Third Floor  
Canyon Park, CA 91303

For additional information, call (800) 525-5355