

Documentation of Discrimination

DATE: _____ **Business Phone** _____

NAME OF ESTABLISHMENT: _____

BUSINESS PHONE (with area code): _____

BUSINESS - FULL ADDRESS: _____

NAME / POSITION OF PERSON ENFORCING POLICY: _____

WRITTEN STATEMENT OF DISCRIMINATION (use back if needed): _____

YOUR NAME (please print): _____

YOUR PHONE (with area code): _____

YOUR SIGNATURE: _____

***** INCLUDE ANY PICTURES OF DISCRIMINATING SIGNS POSTED *****

Mail To:

Ray Fitzgerald

1634 West Pine Cone Way

Prescott, Arizona 86303