

AFFIDAVIT

NOTICE OF DISCRIMINATION

This establishment is PROHIBITED BY LAW from discriminating against an individual based on age, gender, ethnicity, sexual orientation, medical condition, and/or religious beliefs.

It is ILLEGAL to violate our GOD-GIVEN, inalienable rights protected by the Constitution of the United States. You are hereby notified:

Date of VIOLATION: _____ Time of VIOLATION: _____

NAME OF VIOLATOR:

(If name was not given provide a physical description of violator)

Name of business: _____

Location of Incident: _____

Description of Incident: (Attach additional sheets if need be, make notation):

The above mentioned violator of my Constitutional and Civil Rights was informed of U.S. laws and has willingly and knowingly refused me free and equal access to all services and facilities as required by said mentioned law. This business is being served this NOTICE OF DISCRIMINATION and has been informed that CHARGES MAY BE FILED with the United States Department of Justice and civil litigation may ensue for this willful violation of my U.S. Civil Rights.

Signature of injured party: _____ Date _____

PRINT FULL NAME: _____

TITLE II OF THE CIVIL RIGHTS ACT (PUBLIC ACCOMMODATIONS)

42 U.S.C. §2000a (a) All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination on the ground of race, color, religion, or national origin.

In the state of _____, _____ County signed and sworn before me on this day _____ of _____.

Signature of Notary _____ Seal: _____

My commission expires on _____