

Wisconsin Federation of Motorcycle Clubs

Discrimination Complaint Information Form (please print clearly)

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CLUB/ORGANIZATION _____

Date and Time of Incident _____

Name/Address/Phone of business refusing you service _____

Name(s) 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 or comment.

Describe What Happened. Give details and make statements as complete and accurate as possible. (Use back if needed)

Witnesses - Names/Addresses/Phone # and Incident Description _____

Were the Police Called? Yes No If "yes" what was their reaction or comment. (Police Dept, Officer Name, Badge#)
Describe any action taken by officers; Citations Issued, Warnings Given, or Complaints Filed (attach any copies if available).

Are there other instances of discrimination involving this establishment? Yes No If "yes" describe or give details.

Would you agree to pursue this action/claim through the courts? Yes No If "yes" provide any further information.

Send this form to:

Wisconsin Federation of Motorcycle Clubs
PO BOX 1924
Woodruff, WI 54568-1924

For More Information, Call: 1-800-ON-A-BIKE
NCOM - National Coalition of Motorcyclists