FORM 2 — CSA DISCRIMINATION INCIDENT REPORT

Southern Independence Association

Civil Rights Documentation Program

H.K. Edgerton Equal Protection Initiative

CSA American Discrimination Incident Report

Information collected on this form is for legislative evidence purposes only and will be handled confidentially.

REPORTING INDIVIDUAL INFORMATION

Full Legal Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

INCIDENT INFORMATION

Date of Incident: _____

Location of Incident (City, State, Venue): _____ Organization or Entity Involved (if applicable): _____ Type of Incident (check all that apply):

☐ Discrimination

☐ Removal or exclusion from public event

☐ Denial of service or participation

☐ Censorship of speech or symbols

☐ Monument or memorial related action

☐ Employment related action

☐ Harassment or intimidation

☐ Other (please explain): _____

_____

FORM 2 — CSA DISCRIMINATION INCIDENT REPORT (CONTINUED)

DESCRIPTION OF INCIDENT

Please describe what occurred. Include who was involved, what happened, and how you were affected. You may attach additional pages and supporting evidence if needed.

CERTIFICATION

I certify under penalty of perjury that the information provided in this incident report is true and correct to the best of my knowledge and belief.

Signature: _____

Printed Name: _____

Date: _____

State: _____

RETURN COMPLETED FORM TO:

Mrs. Melinda Esposito Hergert
Civil Rights Documentation
P.O. Box 1781
Goodlettsville, TN 370272
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Email: mesposito6061@gmail.com@gmail.com

Southern Independence Association | H.K. Edgerton Equal Protection Initiative
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