

CSA AMERICAN DISCRIMINATION INCIDENT REPORT

Southern Independence Association (SIA)

Return completed form to:

Southern Independence Association (SIA)

P.O. Box 1781

Goodlettsville, TN 37072

Or email a scanned copy / clear photo to:

Mesposito6061@gmail.com

INSTRUCTIONS

1. Who should use this form?

Any person who believes they were discriminated against, harassed, or treated unfairly because of their Confederate ancestry, Confederate veteran descent, or CSA American heritage, including their participation in heritage organizations, use of Confederate symbols, or defense of Confederate history.

2. What should be reported?

Denial of service, access, or participation

Harassment, threats, or intimidation

Employment discrimination (hiring, firing, promotion, discipline)

Hostile environment at work, school, or public events

Vandalism, desecration, or interference with Confederate graves, monuments, memorials, or artifacts

Retaliation for expressing or displaying Confederate heritage

3. How to complete the form:

Please print clearly or type.

Be as specific as possible with dates, locations, names, and exact words/actions.

Attach any photos, screenshots, emails, letters, or other documents that support your report.

4. What will SIA do with this report?

Review and log the incident in a confidential record. (This information will be included in CSA American Civil Rights petitions.)

Look for patterns of discrimination against CSA Americans / descendants of Confederate veterans.

Where appropriate, help you consider options, including informal resolution, public response, or referral for legal review.

5. Confidentiality:

Your information will be handled as confidentially as possible. Some details may be used in aggregate or anonymized form to demonstrate a pattern of discrimination, unless you give explicit permission to use your name.

INCIDENT REPORT FORM

1. REPORTING PARTY (YOUR INFORMATION)

Full Name:

Mailing Address:

Phone Number:

Email Address:

Preferred Method of Contact:

Phone Email Mail

Are you a descendant of a Confederate veteran?

Yes No Unsure

If yes, share any known details (ancestor's name, unit, state, etc.):

2. INCIDENT INFORMATION

Date of Incident:

___ / ___ / _____

Approximate Time:

Location (city, state, and specific place if applicable):

Type of Setting (check all that apply):

- Workplace
- School / University
- Government office
- Business / store / restaurant
- Public event / festival / parade
- Cemetery / graveyard / monument site
- Online (social media, email, website, etc.)
- Other: _____

3. PERSONS OR ENTITIES INVOLVED

Person(s) or organization(s) you believe discriminated against you:

Name(s), job title(s), or role(s) if known:

Business / School / Organization Name (if applicable):

Address or Website:

4. BASIS OF DISCRIMINATION

I believe I was discriminated against because of (check all that apply):

My Confederate ancestry

My status as a descendant of a Confederate veteran

My membership or involvement in a Confederate or Southern heritage group (e.g., SIA, SCV, UDC, etc.)

My display of Confederate symbols (flags, clothing, jewelry, bumper stickers, etc.)

My expressed views defending Confederate history or heritage

My participation in Confederate-related events, reenactments, or memorial services

Desecration or interference with graves or monuments of my Confederate ancestors

Other (please describe):

5. DESCRIPTION OF INCIDENT

Please describe in detail what happened. Include:

Exact words or statements made, if you remember them

Specific actions taken against you (denied service, told to leave, fired, banned, mocked, threatened, etc.)

How Confederate heritage or ancestry was mentioned or targeted

(Attach extra pages if needed.)

Description:

6. WITNESSES

Were there any witnesses?

Yes No Not sure

If yes, please provide names and contact information if known:

Witness 1:

Name: _____

Contact (phone/email): _____

Relationship (friend, coworker, bystander, etc.):

Witness 2:

Name: _____

Contact (phone/email): _____

Relationship: _____

(Attach additional witnesses on a separate page if needed.)

7. IMPACT ON YOU

How did this incident affect you? (Check all that apply and explain below.)

- Emotional distress (fear, humiliation, anger, anxiety, etc.)
- Harm to reputation
- Threats or fear for safety
- Loss of job / income / business opportunity
- Denial of service or access
- Interference with honoring ancestors (graves/monuments/memorials)
- Other: _____

Explain:

8. PRIOR ACTIONS / REPORTS

Have you reported this incident to anyone else?

Yes No

If yes, to whom? (e.g., manager, HR, police, school official, city council, social media platform, etc.)

Date reported: ____ / ____ / _____

What was their response, if any?

Have you consulted an attorney about this incident?

Yes No

If yes, attorney name (optional):

9. EVIDENCE

Please list any supporting evidence you are attaching or can provide:

Photos / screenshots

Emails / text messages / social media posts

Letters or written statements

Employment or school documents

Police reports or official complaints

Other: _____

Briefly describe attached evidence:

10. PERMISSION & DECLARATION

Use of Information (check one):

I give SIA permission to use my report, including my name, in potential legal actions or public advocacy, if needed.

I give SIA permission to use the facts of my incident without my name (anonymized) for legal, statistical, or advocacy purposes.

I prefer this report to be used only for internal tracking at this time, and not shared outside SIA without my express permission.

Declaration:

I affirm that the information I have provided in this report is true and accurate to the best of my knowledge and belief.

Signature:

Printed Name:

Date:

___ / ___ / _____