



## DISCRIMINATION INVESTIGATION REQUEST FORM

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Discrimination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address Where Discrimination Happened**

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Where Discrimination Happened: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Photos of Discrimination if Available: Please attach photos of discrimination violation, if any, along with this form and email to: [violations@aadi.org](mailto:violations@aadi.org)

**Please submit this form along with any photos to  
the following email address:**

**[violations@aadi.org](mailto:violations@aadi.org)**