COMPLAINT FORM
FOR
DISCRIMINATION IN PUBLIC FACILITIES

Instructions: Write your complaint as a letter, copying the
below form. Type in triplicate; send original to the Attorney General, U.S. Dept. of Justice,
Washington, D.C.; one copy to state CORE office; keep third copy in your files.

Attorney General
U.S. Department of Justice
Washington, D.C.

Gentlemen:

In accordance with Section 301 (b), it is hereby requested
that you initiate immediate legal proceeding against (name of public facility) which is now unlawfully discriminating and de-
depriving the undersigned of (his, her, their) equal protection
of the laws on account of (his, her, their) race, by being denied
free and equal utilization of (name of public facility) which is
owned, operated, and managed by or on behalf of (State or Sub-
division thereof, or both).

Give the date, time and place of the incidents upon which
the complaint is based, the persons involved, so far as known,
description of the nature of the facility, in detail the nature
of the segregationist practices such as the division of a courtroom on the basis of color, the use of washrooms, clinics, wards
and other on the basis of color, etc.

I petition you to act expeditiously because (my, our) rights
are continuing to be abused and because the correction of the
foregoing violations are in the general public interest and of
public importance. The institution of the requested legal proceed-

ings will materially further the orderly process of desegregation
in public facilities.

(I, We) are financially unable to institute and maintain an
action to desegregate the subject public facility. (I, Many of
us) would be subject to intimidation and coercion affecting (my,
our) personal employment, safety, and economic standing, if (I,we)
instituted our action against (name of public facility).

Very truly yours,

name and addresses
of complainants
1. Date of Incident____________________ 2. Time of Day____________________

3. Name of Company_____________________________________________________

4. Address
   (number)   (street)   (city)   (state)   (zip)

5. Description of incident. (Who was denied the use of the facility? By whom? What was said? Were other customers present? etc.)

Complainant's signature

(Name)

(Number, Street)

(Name of CORE Chapter)   (City, State, Zip)

Fill out three copies of this form. Send one to the Department of Organization, CORE, 38 Park Row, New York, N.Y. 10038 and one to the Civil Rights Division, Department of Justice, Washington 25, D.C. Keep one for your chapter's use.

6/64 Comm. Rel.
ORGANIZATIONAL FORM FOR TESTING

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<th>PLACE</th>
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<th>TIME</th>
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Mr. Nicholas de D. Katzenback
Attorney General of The United States
Washington, D. C.

Dear Attorney General Katzenback:

I have suffered and am threatened with racial discrimination in ____________________________, which is located at ____________________________

__________________________________________
City State

The facts of the discrimination against me are as follows:

I believe that ____________________________ is a public facility that is either owned, operated, or managed by or on behalf of the State of ____________________________, or any subdivision thereof. This racial discrimination suffered by or threatened against me is in violation of Title III of the Civil Rights Act of 1964.

I am unable to initiate appropriate legal proceedings because I cannot afford the expense of litigation. I also feel that such litigation would jeopardize my personal safety, employment and the economic standing of myself, my family, or my property.

I therefore urge you to institute suit in order to desegregate the above public facility.

Respectfully yours,

cc Civil Rights Commission
Congress of Racial Equality