

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.

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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 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 proceedings 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

CORE Testing Form
1964 Civil Rights Act
Public Accommodations Section

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

PLACE	ADDRESS	TIME	NAME & ADDRESS OF TESTERS	PROCEDURE	RESULTS

1965

Mr. Nicholas de B. 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 _____
address

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