

NEBRASKA EQUAL OPPORTUNITY COMMISSION  
CHARGE OF DISCRIMINATION IN PUBLIC ACCOMMODATIONS

If you have a complaint, fill in this form and mail it to the Nebraska Equal Opportunity Commission offices listed on the reverse side as soon as possible. IT MUST BE MAILED WITHIN 10 DAYS AFTER THE DISCRIMINATORY ACT TOOK PLACE.

This form is to be used only to file a charge of discrimination based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, or ANCESTRY.

Case File No.....

(PLEASE PRINT OR TYPE)

1. Your Name..... Phone Number.....  
Street Address.....  
City..... County..... State..... Zip Code.....

2. WAS THE DISCRIMINATION BECAUSE OF: (Please check one)  
Race or Color  Religion  NATIONAL ORIGIN  ANCESTRY

3. Who discriminated against you? Give the name and address. If more than one, list all.  
Name.....  
Street Address.....  
City..... State..... Zip Code.....  
AND (other parties if any).....

4. Have you filed this charge with another state or local government agency?  
Yes  No  If so, name of agency and date filed.....  
(name) (date)

5. The most recent date on which this discrimination took place:  
Month..... Day..... Year.....

6. What kind of establishment was involved?.....

7. SUMMARIZE IN YOUR OWN WORDS WHAT HAPPENED. USE THIS SPACE FOR A BRIEF AND CONCISE STATEMENT OF THE FACTS. ADDITIONAL DETAILS OF WHAT HAPPENED MAY BE PROVIDED ON A SEPARATE SHEET.

8. I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Date.....  
(sign your name)

Subscribed and sworn to before me this..... day of..... 197.....

(Name) (Title)

My Commission Expires.....

If it is difficult for you to get a Notary Public to notarize this, sign your own name and mail to the Nebraska Equal Opportunity Commission offices listed on the reverse side. The Commission will help you to get the form sworn to.

**AFTER A CHARGE IS FILED:**

The Commission will review your charge and contact you. The Commission investigates your charge and if it finds it is justified, the Commission tries by conciliation to end the discrimination. If conciliation fails, the Commission may order a Public Hearing. You may also take your complaint to court.

It is the policy of the State of Nebraska that all persons within the State shall be entitled to a full and equal enjoyment of any place of public accommodation, as defined in the act, without discrimination or segregation on the grounds of race, color, religion, national origin, or ancestry.

**YOU CAN HELP END DISCRIMINATION**

The Commission will determine what action can be based on your statements as presented in the charge form in this pamphlet.

**LINCOLN OFFICE:  
NEBRASKA EQUAL OPPORTUNITY COMMISSION**

233 South 14th Street  
Lincoln, Nebraska 68508  
Telephone: (402) 471-2024

**OMAHA OFFICE:  
NEBRASKA EQUAL OPPORTUNITY COMMISSION**

416 Karch Building  
209 South 15th Street  
Omaha, Nebraska 68102  
Telephone: (402) 346-1280

**HOW TO FILE A COMPLAINT  
AGAINST UNLAWFUL  
DISCRIMINATION IN  
PUBLIC ACCOMODATIONS**

Title 141  
Chapter 2  
Appendix B

**DISCRIMINATION IS UNLAWFUL**

Discrimination in public accommodations because of race, color, religion, national origin, or ancestry is prohibited under the Nebraska Civil Rights Act of 1969. The Equal Opportunity Commission will act on charges of discrimination committed by any place of public accommodation as defined by this act.

**CHARGES MAY BE FILED BY:**

Any person who believes he has been discriminated against in any place of public accommodation.

The place of public accommodation is forbidden by law to punish you for filing a charge, for acting as a witness, or for assisting the Commission to establish the cause for

WITHDRAWAL REQUEST FORM

\_\_\_\_\_  
Complainant Case Number

V.

\_\_\_\_\_  
Respondent

I, (We) \_\_\_\_\_, the Charging Party (parties)  
in the above entitled case hereby request withdrawal of my (our) charge (s).

Neither the Respondent, or any other person has threatened, attacked, intimidated,  
or inflicted bodily harm upon me, as a result of the filing of this charge. I am  
aware that the Nebraska State government protects my right to file a complaint.

I have been advised that it is unlawful for any person covered by the Nebraska  
State Protective Laws, i.e., (1) Fair Employment Practice Act of the State of  
Nebraska; (2) Nebraska Civil Rights Act of 1969; (3) Equal Pay Act of Nebraska;  
(4) Act Prohibiting Unjust Discrimination in Employment Because of Age (as appli-  
cable) to discriminate against me because I have filed a charge, acted as a  
witness, or assisted a Field Representative of the Nebraska Equal Opportunity  
Commission.

I have been advised that I have the right to file my charge also with the Equal  
Employment Opportunity Commission and my local municipality within the State of  
Nebraska and any other appropriate governmental unit.

I have fully discussed my reasons (below) for withdrawal with the assigned Nebrask  
Equal Opportunity Commission investigator and was to my satisfaction advised of  
my rights under the law.

The reason for my withdrawal is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have fully explain  
the law to above named person.

\_\_\_\_\_  
Signature Date Field Investigator Date

NOTE: Attach as exhibit to Short Form F.I.R.  
LRM/sls

7/15/74