

Anti-Discrimination Support Network

Narrative Collection Form

The Anti-Discrimination Support Network (ADSN) is collecting narratives highlighting instances of bigotry against the non-theist community. Please inform ADSN of any church/state separation violations that impacted you personally. Please report discrimination incidents that affected you in your work environment, school, social circle, and/or in your community. Submissions will be forwarded to the United Nations' committee on Freedom of Religion or Belief. No story is too old to tell. No incident of discrimination is too minor. If you have experienced discrimination in the past or are presently experiencing discrimination, ADSN wants to hear from you.

ADSN is not interested in hearsay stories or anonymous submissions. Names, dates, and complete facts substantiating claims of discrimination are necessary. Evidence of discrimination should be submitted with your narrative. Photos and other documents are welcome. ADSN will send all participants a copy of the complete report when it is submitted to the United Nations committee. Please attach your story to the form below. Contact ADSN if you have any questions.

Phone: (610) 793-2737 * Fax: (610) 793-2569 * Email: Margaret@FtSociety.org



I am reporting an incident of discrimination. My true story is attached. I agree to have my story become a part of the Anti-Discrimination Support Network's report to the United Nations committee on Freedom of Religion and Belief.

Date of Incident: _____ Place of Occurrence: _____

Name: _____

Street Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Was your discrimination complaint reported to a government or advocacy agency? Yes: _____ No: _____

If so, what if any remedy was awarded to you?: _____

If not, are you planning to pursue your complaint through the courts, through the Equal Employment Opportunities Commission (EEOC), or through a state human relations commission? Yes: _____ No: _____

Do you need ADSN to assist you with your complaint? Yes: _____ No: _____

Neatly typed reports would be appreciated. Send your submission to:

Anti-Discrimination Support Network
P.O. Box 242, Pocopson, PA 19366

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