

**Bedford Community Access Television, Inc.  
Discrimination/Harassment Complaint**

July, 2015

Name

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Address

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Telephone or private email

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When the events took place

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A short description of the events you believe were discriminatory or that felt like harassment

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Why you believe you were discriminated against (for example, because of your race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information)

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Signature

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Date

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