



Comment Form

GUEST CONTACT INFORMATION

Date of Incident: _____ Telephone or Cell
Guest Name: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

DETAILS OF INCIDENT

Please describe the alleged act of discrimination that caused you to file this complaint?

NOTE – Attach all supporting documentation if needed.

ADDITIONAL INFORMATION

Where did the incident occur? _____

Were there any witnesses to the incident? If so, give a brief explanation and provide the names and contact information for witnesses.

How would you like to see this matter resolved?

Signature

Date

Drop off:

Return the completed form to the Information Desk staff member

Mail to:

California Science Center
Director of Guest Services
700 Exposition Park Drive
Los Angeles, CA 90037

Email:

4info@cscmail.org

Call:

Georgina Diaz
Director of Guest Services
(213) 744-2271