



**Non-Employee Discrimination Complaint Form**

If you believe that you have been discriminated against on the basis of race, color, national origin, age, sex, or disability, or if you believe that one or more GDA programs is being operated in a fashion that discriminates against a person or group of persons on the basis of race, color, national origin, age, sex or disability, you may file a complaint within 180 days of the date of the alleged discrimination. For more information, see GDA’s “Procedure for Non-Employee Discrimination Complaints” or contact the Non-Discrimination Coordinator identified below.

Any individual who files a complaint or testifies, assists, or participates in a non-discrimination investigation, proceeding, or hearing may not be intimidated or retaliated against by the Department for the purpose of interfering with any right or privilege guaranteed by the Civil Rights Act of 1964, Section 504, or any other civil rights statute.

Complete this form and mail or deliver to: **Petra Evans, Non-Discrimination Coordinator, 19 Martin Luther King, Jr. Drive, S.W., Room 227, Atlanta, Georgia 30334**; or via e-mail to: **titlevi@agr.georgia.gov**

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

5. Person discriminated against (if other than complainant):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. Other person(s) who may have knowledge of the event:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7. What was the discrimination based on? (Check all that apply):

- Race       Color       National Origin (including LEP)       Disability       Sex  
 Age       Retaliation       Other (please specify) \_\_\_\_\_

8. Date of incident resulting in discrimination: \_\_\_\_\_

9. Describe the discrimination. What happened and who was responsible? For additional space, attach additional sheet(s) of paper.

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10. Did you file this complaint with another federal, state, or local agency, or with a federal or state court?

- Yes       No

If the answer is yes, check each agency where the complaint was filed:  Federal Agency     Federal Court  
 State Agency     State Court     Local Agency     Other \_\_\_\_\_

11. Provide contact information for the agency with which you also filed the complaint:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number or E-mail Address: \_\_\_\_\_ Date Filed: \_\_\_\_\_

12. Sign the complaint in the space below and date. Attach any documents you believe supports your complaint.

\_\_\_\_\_  
Complainant (signature)

\_\_\_\_\_  
Date