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: Michelle Denson, 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: _________________________

   Name: ______________________________ Address: ________________________________

   City: _______________________________ State: ________________ Zip Code: ___________

   Telephone Number: ___________________ E-Mail Address: _________________________

(Version 05/2019)
What was the discrimination based on? (Check all that apply):

- [ ] Race
- [ ] Color
- [ ] National Origin (including LEP)
- [ ] Disability
- [ ] Sex
- [ ] Age
- [ ] Retaliation
- [ ] Other (please specify) __________________________

Date of incident resulting in discrimination: __________________________

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

________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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 ____________________________

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: __________________

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

________________________________________
Complainant (signature) Date