



Georgia Department of Agriculture

Capitol Square • Atlanta, Georgia 30334-4201

Gary W. Black
Commissioner

Non-Employee Discrimination Complaint Form

If you believe that you have been subjected to discrimination prohibited by Title VI or similar nondiscrimination statutes, you may file a complaint within 180 days of the date of the alleged discrimination. For more information, see the GDA's "Procedure for Non-Employee Discrimination Complaints" or contact the Title VI Coordinator identified below.

Complete this form and mail or deliver to: **Petra Evans, Title VI 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: _____

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

Race Color National Origin 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 or use back of form.

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

Yes No

If answer is yes, check each agency complaint was filed with: Federal Agency Federal Court

State Agency State Court Local Agency Other _____

8. Provide contact information for the agency with whom you also filed the complaint:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

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

Complainant (signature)

Date