

GCEO No.: _____

EEOC No.: _____

*Fields in this box to be completed only by GCEO officials***Employment Discrimination Complaint**

Georgia Commission on Equal Opportunity

*Please type or print legibly. Please note that attachments will not be accepted as a substitute for completion of this form.***1. Complainant Information**Mr./Ms.

(circle one)

First Name

Middle Initial

Last Name

Street Address

Apartment, Post Office Box, Route Number, etc.

E-mail Address

City, State and ZIP code

Home Telephone Number

Work Telephone Number

Cell Telephone Number

2. Respondent Information *(Fill in the contact information for the agency that you believe discriminated against you.)*

Agency Name

Agency Street Address

Agency City, State and ZIP code

Agency Phone Number

Your Original Date of Hire

Job Title *(At the time of the discriminatory action.)***3. Issues***Please check only those issues that reflect adverse employment action(s) taken against you within the last 180 days. Please include the relevant date(s) upon which you first became aware the action(s).*[] Discharge _____
(mm/dd/yy)[] Forced Resignation _____
(mm/dd/yy)[] Demotion _____
(mm/dd/yy)[] Involuntary Transfer _____
(mm/dd/yy)Position/job title from which you were demoted/transferred: _____Position/job title to which you were demoted/transferred: _____

5. Bases of Discrimination

Fill in the blanks ONLY for those categories you believe influenced the discriminatory actions taken against you. "I believe I was discriminated against because of ..."

[] Race _____

[] Sex _____
Also includes pregnancy and/or sexual harassment.

[] Religion _____

[] National Origin _____

[] Color : Light or Dark
(circle one)

[] Retaliation

[] Age (40+) _____ / _____ / _____
If claiming age, provide your date of birth.

[] Disability
Do not identify your alleged disability.

▪ **Have you ever filed a complaint of discrimination with the Federal EEOC that makes reference to any of the employment harms alleged on this complaint form?** [] Yes [] No

VERIFICATION

I swear or affirm that the information provided in this complaint is true and correct to the best of my knowledge, information and belief. I further swear and affirm under penalty of law, that the information contained herein does not constitute a frivolous or unwarranted complaint of unlawful discrimination as described within the Fair Employment Practices Act of 1978 (O.C.G.A. §45-19-44[6] and §45-19-45[5]).

Complainant's Signature

Date

To be completed by a Notary Public:

COUNTY OF _____

STATE OF GEORGIA

Personally appeared before me, the undersigned officer duly authorized by law to administer oaths,

_____, *who, after first being duly sworn and affirmed,*
(Complainant's name here)

deposes and says that s/he is fully competent to verify and testify as to the matters referred to and inquired about herein and that s/he does hereby verify the foregoing information.

Sworn to and affirmed

before me this _____

day of _____, 20__

Notary Public