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 Addre	SS
City, State and ZIP code		-	Home Telephone Number	
Work Telephone Number		_	Cell Telephone Number	
2. Respondent	t Information (Fill in the contact	information for the	agency that you b	elieve discriminated against you.)
Agency Name				
Agency Street Ac	ldress			
Agency City, State and ZIP code		Agency Phone Number		
Your Original Date of Hire		Job Title (At the time of the discriminatory action.)		
	se issues that reflect adverse employm pon which you <u>first</u> became aware the		against you <u>within</u>	<u>the last 180 days</u> . Please include
[] Discharge _ [] Demotion _	(mm/dd/yy) (mm/dd/yy)	[] Forced Res		(mm/dd/yy) (mm/dd/yy)
Position/job title	from which you were demoted/	transferred:		
Position/job title	to which you were demoted/tran	nsferred:		

[] Failure to Hire [] Failure to Promote

The job title of the position for which you applied: Date of notification of non-selection: [] Disciplinary Action(s) (i.e. written reprimand, suspension, letter of concern, etc...): Type of action: Date: \_\_\_\_\_ Type of action: Date: [] Denied Reasonable Accommodation of a Disability or for Religious Beliefs (Do NOT use this section unless you have been denied accommodation for your RELIGIOUS BELIEFS or your DISABILITY.) Date of request for reasonable accommodation: Most recent date of denial of request for reasonable accommodation: Brief description of reasonable accommodation requested: [] Terms and Conditions of Employment (i.e. training, benefits, work duties, etc.) Type of action(s): Date of action(s) 4. Statement of Personal Harm (Briefly describe the employment action[s] about which you are complaining including the reason[s] why you believe you were discriminated against, harassed, or retaliated against. Please do not refer to attachments or other documents at this time.)

## 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
[] Religion	[] National Origin
[] Color: Light or Dark (circle one)	[] Retaliation
[] Age (40+) / / If claiming age, provide your date of birth.	[ ] Disability Do <u>not</u> 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

To be completed by a Notary Public:

(Complainant's name here)

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,

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

Date