



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1503 A1**

UNLAWFUL DISCRIMINATION COMPLAINT FORM

Complainant Information

Employee Name:		Employee ID Number:	
Job Title:		Division/Office:	
Office Phone:		Office Email:	
Cell Phone:		Personal Email:	
Work Address:			
City:	State:	Zip:	

Has any conduct been reported to a law enforcement agency?

Yes No Unknown

If "Yes", please provide the name of the law enforcement agency and the report number below.

Are you concerned that the agency cannot fairly or impartially investigate this matter?

Yes No

If "Yes", please explain your concerns below.

Discrimination Information

I have been unlawfully discriminated against because of my (check all that apply).

<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Political Opinions and/or Affiliations
<input type="checkbox"/> Childbirth and/or Related Condition(s)	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Race
<input type="checkbox"/> Color	<input type="checkbox"/> Religion
<input type="checkbox"/> Creed	<input type="checkbox"/> Sex
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Military Status	<input type="checkbox"/> Other

Please complete the below information about the person responsible for the alleged unlawful discrimination. Attach another sheet to list additional people.

Employee Name:	
Division/Office:	Job Title:

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Relationship to Complainant

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Coworker | <input type="checkbox"/> Subordinate |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Customer | <input type="checkbox"/> Other |

If you selected other, please explain below.

Incident Information

Describe what happened?

Describe where it happened?

When did it happen?

Where did it happen?

Who was involved?

Supporting Documentation

Are you submitting additional documents? Yes No

If "Yes", how many pages are attached? **List Number of Pages:**

Resolution Information

Describe your requested relief below.

My signature indicates that all of the information contained on this Unlawful Discrimination Complaint Form and supporting documentation is true and factual to the best of my knowledge.

Employee Signature:

Date:

Submit this form and supporting documentation to your assigned Human Resources Representative.