



Georgia Emergency Management and Homeland Security Agency

DISCRIMINATION COMPLAINT FORM

The purpose of this document is to help you file a discrimination complaint concerning the implementation or administration of any program, activity, or service receiving federal financial assistance from the U.S. Department of Justice or the U.S. Department of Homeland Security, whether within the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) or a sub-recipient. This document is not intended to be used for complaints about employment with GEMA/HS. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested herein.

1. Information about the person who experienced the alleged discrimination:

Name: _____
First and Middle (Given Name) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

Email (Optional): _____

2. Information about the person(s) who is alleged to have discriminated:

Name: _____
First and Middle (Given Name) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code

3. Information about the agency or organization involved:

Name: _____

Phone #: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip Code