9.	Have you or others filed a case or complaint regarding this allegation with any of
	the following?

- □ Office for Civil Rights, U.S. Department of Justice
- □ Office for Civil Rights and Civil Liberties, U.S. Department of Homeland Security
- □ U.S. Equal Employment Opportunity Commission
- \Box Other Federal Agency
- □ Federal or State Court
- \Box Georgia Department of Labor
- □ Other: _____

10. If any of the above were selected, please provide the following information:

Name of Agency:			
Date Filed:			
Case or Docket #:			
Date of Trail/Hearing:			
Location of Agency/Court:			
Investigator:			
Status of Case:			

11. Information about the person filing this complaint, if the complaint is being submitted on behalf of another:

Name:						
First and N	First and Middle (Given Name)			Last (Family Name/Surname)		
Phone #: Cell/M	obile:	Home:		Work:		
Mailing Address	::					
	P.O. Box or Street		City	State	Zip Code	
Email (Optional)):					
Signature:		Da	te:			

You may submit the form by email to <u>grants.complaint.coordinator@gema.ga.gov</u>.

Or send via U.S. Mail to the following address:

Georgia Emergency Management and Homeland Security Agency Attention: Grants Complaint Coordinator P.O. Box 18055 Atlanta, Georgia 30316