



GEORGIA DEPARTMENT OF CORRECTIONS

Office of Professional Standards

State Offices South at Tift College

P. O. Box 1529

Forsyth, Georgia 31029

Phone: (478) 992-5374

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Brian P. Kemp
Governor

Timothy C. Ward
Commissioner

Department of Justice Complaint Form

The purpose of this form is to assist you in filing a complaint with the Federal Coordination and Compliance Section (FCS). You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided if you submit something other than this form.

1.* Your name and address:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: () _____ Work or Cell: () _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: () _____ Work or Cell: () _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: () _____ Work or Cell: () _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:

___ Race/Ethnicity: _____

___ National origin: _____

___ Sex: _____

___ Religion: _____

___ Age: _____

___ Disability: _____

Equal Opportunity Employer

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:

____ Race/Ethnicity: _____
____ National origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone: Home: () _____ Work or Cell: () _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: () _____ Work or Cell: () _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint and FCS will evaluate the explanation and decide if a waiver is appropriate:

10.* Please explain, as clearly and neatly as possible, what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

Equal Opportunity Employer

11. Title VI of the Civil Rights Acts of 1964, 42 U.S.C. §§ 2000d – 2000d7 and the nondiscrimination section of the Omnibus Crime Control and Safe Streets Act of 1968, 28 U.S.C. § 3789d(c), prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in an action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain, as clearly and neatly as possible, the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation:

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint:

Name	Address	Area Code/Telephone
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.) or other Federal agencies?

Yes _____ No _____

If so, do you remember the Complaint Number? _____

What agency and department or program was it filed with?

Name: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ Filed Against: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed a charge or complaint concerning the matters raised in this complaint with any of the following?

____ U.S. Equal Employment Opportunity Commission

____ Federal or State Court

____ Your State or local Human Relations/Rights Commission

____ Grievance or complaint office

____ Other

Equal Opportunity Employer

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments: _____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19.* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice
Civil Rights Division
Federal Coordination and Compliance Section - NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678

Equal Opportunity Employer

20. How did you learn that you could file this complaint?

21. If your complaint has already been assigned a DOJ complaint number, please list it here:

Note: If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.