

DISCRIMINATION COMPLAINT FORM

This form will be used by the Athens-Clarke County Attorney’s Office to collect information and begin an investigation of your discrimination complaint. You will be notified by the Attorney’s Office of the results of the investigation.

Name: _____

Address: _____

Cell Phone: _____

Date of Discriminatory Act: _____ Time: _____

Name/Address of Establishment where discriminatory acts took place:

Please provide a brief description of the discriminatory act or acts that form the basis of your complaint (you may use the back of this form or another piece of paper if needed):

Please provide names and contact information for any witnesses you feel are important:

Witness 1:

Witness 2:

[Form continued on following page]

I understand that this complaint may result in the scheduling of an administrative hearing against an alcoholic beverages licensee and that I may be called to testify in such hearing and be subject to cross-examination by counsel for the licensee. I further understand that my testimony may be critical to the case and that if I decline to testify or otherwise participate in the investigation or hearing regarding the complaint, the Attorney's Office may dismiss the complaint for lack of evidence.

I understand that the information I have provided in this Discrimination Complaint Form is subject to disclosure under the Georgia Open Records Act.

I swear or affirm that all the information I have provided in this Discrimination Complaint Form is true and accurate to the best of my knowledge.

Signature

Date

Sworn to and subscribed before me
this ____ day of _____, 20____ and
proof of current government-issued identification presented
at time of execution and oath

Notary Public,