

## 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 regarding unlawful discrimination generally and/or dress code discrimination by an alcoholic beverage licensee. Upon completion, this form should be delivered to the Attorney's Office at 155 E. Washington St., Athens, GA 30601, or mailed to the Attorney's Office at P.O. Box 427, Athens GA 30603. If you need the assistance of a notary, the Attorney's Office typically has a notary available who can assist for this purpose. Once the Attorney's Office has received your complaint and has had an opportunity to review it, you will be notified by the Attorney's Office if there is any further information that is needed, and ultimately, you will be notified of the results of the investigation. If you have any questions, please call the Attorney's Office at 706-613-3035.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Discriminatory Act: \_\_\_\_\_ Time: \_\_\_\_\_

Name/Address of Establishment where discriminatory acts took place: \_\_\_\_\_

\_\_\_\_\_

Alleged Violator Name: \_\_\_\_\_

Any Contact Information for Alleged Violator (if known): \_\_\_\_\_

\_\_\_\_\_

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:

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Witness 2:

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I understand that this complaint may result in the scheduling of an administrative hearing against the alleged violator, whether that be an individual or a business, and that I may be called to testify in such hearing and be subject to cross-examination by counsel for the respondent. 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 (O.C.G.A. §§ 50-18-70 – 77).

**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.**

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Signature

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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

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Notary Public,

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**FOR OFFICIAL USE ONLY:**

**Received Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_