



DISCRIMINATION COMPLAINT FORM (EEO)

The Office of Diversity and Civil Rights Compliance
141 Pryor Street, SW, 5th floor
Atlanta, Georgia 30303
404-612-7305

DISCRIMINATION COMPLAINT PROCEDURE DESCRIPTION

The Office of Diversity and Civil Rights Compliance (DCRC) is pleased to have an opportunity to assist you.

In order to assist you properly, the DCRC needs your cooperation in obtaining information that will allow staff to provide you with the best service possible. The attached Discrimination Complaint Form is designed to provide the information needed to get started. The Discrimination Complaint Form must be fully completed.

Please return the completed Discrimination Complaint Form to a DCRC administrative support member who will forward your paperwork to the EEO Officer. The EEO Officer will schedule a follow up appointment to review your information with you. The EEO Officer will talk with you about your concerns and issues so that a detailed understanding of your case can be developed.

The information you have provided will be reviewed and where appropriate an EEO Officer will be assigned to contact and work with you to resolve your concerns. The EEO Officer you worked with initially may/may not be the person who is assigned to work with you to resolve your concerns.

Please complete the Discrimination Complaint Form and attach any documentation you may have pertaining to the issues you have expressed. Discrimination Complaint Forms should be mailed or hand-delivered to **The Office of Diversity and Civil Rights Compliance, 141 Pryor Street, SW, 5th Floor Atlanta, Georgia 30303**. If you require any help or have any additional questions, you may call the Office of Diversity and Civil Rights Compliance at (404) 612-7305.

Thank you for contacting us. We look forward to working with you.

"Fulton County is an equal opportunity employer encouraging diversity!"
If you need reasonable modifications due to a disability, including communications in an alternate format,
please contact (404) 612-7305.
For TDD/TTY or Georgia Relay Service Access, dial 711.



**FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT FILING AN
EMPLOYMENT DISCRIMINATION COMPLAINT**

1. What is discrimination?

Discrimination is biased or unfair treatment against an employee in the terms, conditions and privileges of employment because of one's race, color, religion, sex, pregnancy (including childbirth, lactation or related medical conditions), sexual orientation, gender identity or expression, age (40 and over), national origin or ancestry, physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service-member status, or any other status protected by federal, state or local law.

2. I think I have been discriminated against, but I'm not sure. What do I do?

Employees who feel they have been discriminated against should call the Office of Diversity and Civil Rights Compliance to schedule an appointment to discuss your complaint. During the intake process, it will be determined whether or not your complaint has a discriminatory basis.

3. When should I file a complaint?

A complaint of discrimination must be filed with the Office of Diversity and Civil Rights Compliance within thirty (30) days of the date on which the unfair employment practice took place. Under certain conditions, a waiver of the filing deadline may be granted. Waivers will be approved or denied at the time an untimely charge is filed.

4. Do I need to have permission from my supervisor or department head to come to the Office of Diversity and Civil Rights Compliance and will I have to use leave time?

Employees do not have to have permission to come to the Office of Diversity and Civil Rights Compliance. However, employees cannot simply walk off of their jobs without giving notice to their supervisors. Employees also do not have to use leave time to come to the DCRC.

5. Is the Office of Diversity and Civil Rights Compliance the only place I can file a charge of discrimination?

No. Employees who feel they have been discriminated against may also file with the U. S. Equal Employment Opportunity Commission (EEOC) located at 100 Alabama Street, S. W., Atlanta, Georgia, 30303. Employees can file a complaint of discrimination with either the Office of Diversity and Civil Rights Compliance or the EEOC or both agencies simultaneously.

6. What happens if the unfair treatment I allege is not discrimination?

If it is determined after an intake interview that your complaint is not based on discrimination, you will be referred to the appropriate resource for the resolution of your complaint. The Office of Employee/Labor Relations and the Grievance Process are resources for employees to resolve complaints that do not have a discriminatory basis.

7. Can my supervisor fire, demote or treat me differently because I filed a complaint of discrimination or participated in an investigation of discrimination?

No. Employers **cannot** retaliate against employees who file a charge of discrimination or participate in an investigation of discrimination. Every employee has the right to a fair inquiry if they feel that they have been a recipient of alleged discrimination.

**FULTON COUNTY OFFICE OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE
DISCRIMINATION COMPLAINT FORM**

Instructions: Complete this form by providing as much detailed information as possible. You may attach additional sheets if necessary.

1. NAME (Last, First, Middle) Mr. Ms. Mrs. **2. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

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3. HOME ADDRESS (No. and Street) **Apt #** **4. CITY AND STATE** **ZIP CODE**

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5. HOME PHONE **6. WORK PHONE** **7. PAGER/CELL**

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8. E-MAIL ADDRESS **9. RACE** **10. GENDER** **11. DATE OF HIRE (IF APPLICABLE)**

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12. DEPARTMENT CODE (IF APPLICABLE) **13. IMMEDIATE SUPERVISOR (IF APPLICABLE)** **14. SUPERVISOR PHONE (IF APPLICABLE)**

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15. YOUR WORK LOCATION (IF APPLICABLE) **16. YOUR POSITION/TITLE (IF APPLICABLE)**

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17. CURRENT EMPLOYMENT STATUS (Check One):

- Classified Full Time Employee Contract Employee Contractor/Sub-Contractor
- Grant-Funded Employee Part-Time Employee Participant
- Probationary Employee Temporary Employee Applicant
- Unclassified Full Time Work Test Employee Other (e.g. Citizen, Client, Patron)

18. Are you currently working with an employee organization/union representative or attorney?

Yes No **If yes, please provide the following information:**

Name of Organization/Union: _____

Name of Representative: _____

Name of Attorney: _____

Phone Number: _____

19a. Have you ever filed a charge alleging similar facts with any of the following offices? Check all that apply.

- DCRC EEOC Grievance State Agency
 CRC Local Agency State Court Federal Court
 Other Federal Agency

19b. Provide a brief summary of the allegations of the previously filed charge/complaint:

20a. INDICATE THE BASIS FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply:

DISCRIMINATION

- AGE (40 AND OVER) COLOR DISABILITY – EMPLOYMENT
 GENETIC INFO GENDER NATIONAL ORIGIN
 PREGNANCY RACE RELIGION
 RETALIATION GENDER IDENTITY SEXUAL HARASSMENT
 UNIFORMED SERVICE-MEMBER STATUS VETERNS STATUS
 DISABILITY -- PROGRAM ACCESS TITLE VI – CRA
 OTHER _____

20b. WHO IS BEING NAMED AS THE ALLEGED VIOLATOR(S)?

1.			
	<small>Name</small>	<small>Job Title</small>	<small>Department</small>

2.			
	<small>Name</small>	<small>Job Title</small>	<small>Department</small>

3.			
	<small>Name</small>	<small>Job Title</small>	<small>Department</small>

20c. IDENTIFY THE ISSUE(S) FOR THE ALLEGED DISCRIMINATION. Check all boxes that apply and provide the date on the line:

ISSUE(S)

- | | |
|---|---|
| <input type="checkbox"/> DISCHARGE _____ | <input type="checkbox"/> DISCIPLINE _____ |
| <input type="checkbox"/> FORCED RESIGNATION _____ | <input type="checkbox"/> DEMOTION _____ |
| <input type="checkbox"/> FAILURE TO PROMOTE _____ | <input type="checkbox"/> FAILURE TO HIRE _____ |
| <input type="checkbox"/> DENIED REASONABLE ACCOMODATION _____ | <input type="checkbox"/> INVOLUNTARY TRANSFER _____ |
| <input type="checkbox"/> HOSTILE WORK ENVIRONMENT _____ | <input type="checkbox"/> WIOA TITLE I _____ |
| <input type="checkbox"/> DENIED ACCESS TO SERVICES _____ | |
| <input type="checkbox"/> OTHER _____ | |

20d. Briefly describe your issue, concern or complaint in detail including dates. Attach any documents or other evidence which you believe will help clarify, support or provide any useful additional information.

20e. WHAT WOULD YOU ACCEPT AS A REASONABLE RESOLUTION TO YOUR COMPLAINT?

SIGNATURE

DATE