



## Non-Employee Discrimination Complaint Form

If you believe that you have been discriminated against on the basis of race, color, national origin, age, sex, or disability in the GPA’s programs or activities, you may file a complaint within the time provided by law. For more information, see GPA’s “Procedure for Non-Employee Discrimination Complaints/Grievances” at [www.gaports.com](http://www.gaports.com) or contact the Non-Discrimination Coordinator identified below.

Any individual who files a complaint or testifies, assists, or participates in a non-discrimination investigation, proceeding, or hearing may not be intimidated or retaliated against by the Department for the purpose of interfering with any right or privilege guaranteed by the Civil Rights Act of 1964, Section 504, or any other civil rights statute.

Complete this form and mail or deliver to: **Tiphani Lee, Non-Discrimination Coordinator, 82 Main Street, Garden City, Georgia 31408**; or via e-mail to: [tlee@gaports.com](mailto:tlee@gaports.com)

Complainant’s Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Other Person(s) who may have knowledge of the event:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What was the discrimination based on? (Check all that apply)

Race  Color  National Origin (including LEP)  Disability  Sex

Age  Retaliation  Other (please specify) \_\_\_\_\_

Date of incident resulting in discrimination: \_\_\_\_\_

Give a detailed description of the alleged discrimination – who, what, where, when? For additional space, attach additional sheet(s) of paper.

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Did you file this complaint with other federal, state, or local agencies or a federal or state court?

Yes  No

If yes, please provide contact information for the agency with which you also filed the complaint:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Sign the complaint in the space below and date. Attach any documents you believe support your complaint.

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Complainant (Signature)

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Date