



**CITY OF BROOKHAVEN
UNLAWFUL DISCRIMINATION COMPLAINT FORM**

The City of Brookhaven holds the status of a “Welcoming City” and is committed to protecting the health, safety, welfare of its residents. Pursuant to Ordinance 2020-01-02, any complaint of discrimination must be filed with the City Manager within ninety (90) calendar days of the alleged act of discrimination. The completed Unlawful Discrimination Complaint Form shall be submitted online to the City Manager (www.BrookhavenGA.gov/CityManager), or delivered to the City Manager’s Office located at City Hall, 4362 Peachtree Road, Brookhaven, GA 30319. Submissions received electronically by midnight of the ninetieth day, postmarked by the ninetieth day, or delivered in person by close of business on the ninetieth day will be accepted. Please be advised that this form is covered by the Georgia Open Records Act (O.C.G.A. §50-18-70 to -77).

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____

Do you have an attorney representing you in this matter? If yes:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____



Reason to believe you were discriminated against (select all that apply):

Race ____ Color ____ Religion ____ National Origin ____ Ancestry ____ Sex ____
Sexual Orientation ____ Gender Identity ____ Age ____ Disability ____ Marital Status ____
Familial Status ____ Veteran/Military Status ____ Immigration Status ____ Other ____

Have you filed an unlawful discrimination complaint with the City of Brookhaven in the past?

If yes, approximate date filed: _____

Have you filed this allegation with another venue, e.g. EEOC or Metro Fair Housing? If yes, please specify which organization(s) and approximate date(s):

The statements and answers made by me to the foregoing questions in this Unlawful Discrimination Complaint Form are true and correct to the best of my knowledge and belief.

Signature _____

Date _____

INFORMATION OF PERSON OR BUSINESS ALLEGED OF VIOLATING UNLAWFUL DISCRIMINATION CODE

Name _____

Name of Business _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____

ACCOUNT OF ALLEGED VIOLATION(S)**ALLEGED VIOLATION A**

1. Date(s) the action occurred _____
2. Location where the action occurred _____
3. What action was taken against you that you believe to be discriminatory? Please be as specific in your description as possible. You will have the opportunity to add details later if necessary, but the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Brookhaven's nondiscrimination ordinance.

4. What reason were you given for the action taken?

a. Whom did you talk to? List all persons.

b. What did they say? Please be as specific as possible about who said what.



c. How did they identify themselves?

d. Did they offer a resolution to your concern/complaint?

5. Why do you think the action was discrimination?

a. Provide specifics for how you perceived the other person's response.

b. What was said that suggests discrimination?

c. What was done that further suggests discrimination?

6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation you have to support your allegation as attachments with this form.

ALLEGED VIOLATION B

1. Date(s) the action occurred _____

2. Location where the action occurred _____

3. What action was taken against you that you believe to be discriminatory? Please be as specific in your description as possible. You will have the opportunity to add details later if necessary, but the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Brookhaven's nondiscrimination ordinance.

4. What reason were you given for the action taken?

a. Whom did you talk to? List all persons.

b. What did they say? Please be as specific as possible about who said what.

c. How did they identify themselves?

d. Did they offer a resolution to your concern/complaint?

5. Why do you think the action was discrimination?

a. Provide specifics for how you perceived the other person's response.

b. What was said that suggests discrimination?

c. What was done that further suggests discrimination?

6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation you have to support your allegation as attachments with this form.

ALLEGED VIOLATION C

1. Date(s) the action occurred _____
2. Location where the action occurred _____
3. What action was taken against you that you believe to be discriminatory? Please be as specific in your description as possible. You will have the opportunity to add details later if necessary, but the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Brookhaven's nondiscrimination ordinance.

4. What reason were you given for the action taken?

a. Whom did you talk to? List all persons.

b. What did they say? Please be as specific as possible about who said what.



6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation you have to support your allegation as attachments with this form.

If there are additional alleged violations or other details that you wish to include that will help the City understand this complaint, please add accordingly and include in your submission. If you have any questions, please call (404) 637-0500.

FOR OFFICIAL USE ONLY

Received Date _____ Time _____