

DeKalb County Government

To be completed by the Complainant

Appendix A — Discrimination Complaint Form

Date Filed: _____

Complaint Tracking No. (assigned by County staff): _____

Complainant Information

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Respondent Information

Business/Individual Name: _____

Business Address: _____

Nature of Business (if known): _____

Details of Alleged Discrimination

Date of Alleged Act of Discrimination: _____

Basis of Alleged Discrimination (check all that apply):

- ☐ Race
- ☐ Color
- ☐ Religion
- ☐ National Origin
- ☐ Ancestry
- ☐ Sex
- ☐ Disability
- ☐ Sexual Orientation
- ☐ Gender Identity
- ☐ Age
- ☐ Marital Status
- ☐ Familial Status

☐ Veteran/Military Status

☐ Other (specify below)

If Other, specify: _____

Category of Alleged Violation (check one):

☐ Sale or Rental of Real Property / Rental Housing

☐ Public Accommodation (goods, services, facilities)

Description of Alleged Discrimination (attach additional pages if needed):

Witnesses (name/contact, if any): _____

Filing Fee

A filing fee of \$50.00 is due at the time this complaint is submitted. The fee will be refunded if the complaint survives initial dismissal review by the hearing officer.

☐ Filing fee of \$50.00 enclosed / paid

Verification

I certify under penalty of law that the information provided in this complaint is true and correct to the best of my knowledge.

Signature of Complainant: _____

Date: _____

For Office Use Only

Date Received by County: _____

Received By: _____

Date Served on Respondent: _____

Method of Service: _____