

**Georgia Environmental Finance Authority  
Nondiscrimination Grievance Procedure Complaint Form  
(Non-Employee)**

<b>Full Name</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP Code</b>	
<b>Email Address</b>			<b>Telephone Number</b>		

**Basis of the Discrimination (check all that apply):**

- |  |                                     |                              |  |   |
|--|-------------------------------------|------------------------------|--|---|
| <input type="checkbox"/> Race/ethnic   | <input type="checkbox"/> Color      | <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin     | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Religion  | <input type="checkbox"/> Disability | <input type="checkbox"/> Age | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Harassment     |
| <input type="checkbox"/> Retaliation for having filed or participated in a previous complaint of unlawful discrimination |                                     |                              |  |   |

**Include the name of the individual or organization against whom the complaint is made. Please provide a specific and detailed description of the decision(s) or action(s) including the date (or date range) that is alleged to have constituted the unlawful discrimination. Use additional sheets if necessary.**

**Have you filed a complaint with another agency or court of law? Yes  No**

**If yes, indicate where the complaint was filed and relevant contact information.**

Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination.

Relief requested: Indicate the action(s) that would resolve your complaint.

My signature indicates that the information contained on this form and attachments to this form is true and factual to the best of my knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

**FOR INTERNAL OFFICE USE ONLY**

Date Complaint Received by GEFA	_____/_____/_____ Month Day Year	Check (all that applies): <input type="checkbox"/> Complaint Form only <input type="checkbox"/> Additional Pages <input type="checkbox"/> Verbal
Date of Alleged Unlawful Discrimination	_____/_____/_____ Month Day Year	
Notification Letter Date	_____/_____/_____ Month Day Year	Check one: <input type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Requires more information