



Instructions:

1. A completed Non-Discrimination Ordinance Complaint Form must be filed with the County Attorney within thirty (30) days after the date of the alleged act of discrimination. The completed form shall be delivered or mailed to the County Attorney at the Gwinnett County Law Department located on the third floor of the Gwinnett Justice and Administration Center, 75 Langley Drive, Lawrenceville, Georgia 30046.
2. A filing fee of \$50 must be paid by cash or check at the time of the filing of the complaint. The filing fee shall be waived unless the individual filing the complaint has had two (2) or more prior complaints dismissed within the last two (2) years.
3. Once the County Attorney has received your complaint, it will be processed as outlined in the Non-Discrimination Ordinance.
4. If you have any questions, please contact the Law Department at 770.822.8700.

Please note:

- The Non-Discrimination Ordinance does not apply in any situation where a complaint can be filed with any agency of the state or federal government.
- The Non-Discrimination Ordinance does not apply to any government, department of any government agency, or employee of any government agency.
- The Non-Discrimination Ordinance only applies in unincorporated Gwinnett County.
- For additional information as to the protection provided by the ordinance and the complaint process, please refer to the full text of the Non-Discrimination Ordinance, Chapter 18, Article XIV of the Gwinnett County Code of Ordinances.
- If additional space is needed to respond to any question, you may use the back of this form or attach additional pieces of paper.

Required Information:

1. Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____ Email address: _____

2. Do you have an attorney representing you in this matter? _____ If yes, provide:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____ Email address: _____

3. Prior filings and filings in other jurisdictions:

a. Have you filed a non-discrimination ordinance complaint with Gwinnett County in the past? _____ If yes, specify approximate date(s) filed and resolution:

b. Have you filed this allegation with another venue, e.g. EEOC, FHA or another jurisdiction? _____ If yes, specify which organization(s) and approximate date(s) filed:

4. Details of alleged discriminatory act:

a. Date of alleged discriminatory act: _____ Approximate time: _____

b. Name/Address of business where alleged discriminatory act took place:

c. Alleged violator name (business and/or individual): _____

d. Contact Information for alleged violator (if known): _____

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

____ Actual or perceived genetic information
(including sex)

____ Race

____ National origin (including ancestry)

____ Color

____ Gender (identity and expression)

____ Sexual orientation

____ Age

____ Marital status

____ Familial status (including pregnancy)

____ Disability

____ Military or veteran status

____ Religion

____ Political affiliation

____ Immigration status

____ Homeless status

f. Provide a brief description of the action 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 providing more facts at this stage will further the County's efforts in processing and investigating your complaint.

g. If you discussed the alleged discriminatory act with the alleged violator (if an individual) or individuals employed by the alleged violator (if a business), please list all persons with whom you spoke and provide details regarding any reasons you were given for the action taken and/or whether any resolution of your concern was offered.

h. Please provide names and contact information for any witnesses whom you think can provide evidence in support of your complaint:

1) _____

2) _____

3) _____

- i. Please include any evidence, photographs, or documentation you have in support of your complaint as attachments with this form.

5. Please read and initial the following statements:

- _____ I understand that I may be required to provide additional information for my complaint to be processed and investigated and that my complaint may be dismissed if additional requested information is not provided in a timely manner, if the complaint could be filed with a state or federal agency, if an exception set forth in the Non-Discrimination Ordinance applies to the alleged discriminatory act, or if the complaint is determined to be unjustified, frivolous or patently unfounded.
- _____ I understand that a copy of my complaint will be provided to the alleged violator, whether that be an individual or business, and the alleged violator will have an opportunity to file a response to the complaint.
- _____ I understand that the filing of this complaint may result in the appointment of a Complaint Examination Officer to review the complaint and attempt to negotiate a resolution to the complaint.
- _____ I understand that if my complaint is not dismissed and a resolution is not reached with the assistance of the Complaint Examination Officer, my complaint may be forwarded to the Gwinnett County Department of Planning and Development for enforcement. I further understand that this could result in the issuance of a citation and the scheduling of a hearing before the Gwinnett County Recorder's Court and that I may be called to testify in such hearing and be subject to cross-examination by the alleged violator. I further understand that my testimony may be critical to the case and that if I decline to testify or otherwise participate in the investigation or any hearing, that could negatively impact the issuance or prosecution of any citation.
- _____ I understand that the information I have provided in this form is subject to disclosure under the Georgia Open Records Act (O.C.G.A. §§ 50-18-70 – 78).

I swear or affirm that all the information I have provided in this Non-Discrimination Ordinance Complaint Form is true and correct to the best of my knowledge.

_____ **Signature** _____ **Date**

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires:

(Seal)

FOR OFFICIAL USE ONLY:

Received by: _____ Date: _____ Time: _____