

spokesperson for the group.

GDOT Publications

2840-3f

Policies & Procedures

2Form Word: 2840-3f - Standardized Complaint Form **Section:** Equal Employment Opportunity **Office/Department:** Office of EEO

Reports To: Division of Admin/Gen Counsel

Contact: 404-631-1000

Georgia Department of Transportation

Standardized Complaint Form

Prior to filing a complaint, please read the Department's Complaint Policies, available online on myGDOT in Policies & Procedures,

Employee Information				
Employee's Name:	Job Title:	Division /District/Work Unit:		
Employee ID:	Daytime Phone:	Mailing Address:		
	Complaint Information	1		
Date of Occurrence:	Have you discussed this issue with your supervisor?	Supervisor's Name:		
	□yes □no			
Note: Must be within 10 days of filing.	Date(s) of discussion:	Supervisor's Phone:		
	Issue(s)			
Is this issue related to (check as many as	apply):			
□Race¹ □Color² □Religion □National Origin⁴ □Disabil □Age⁶ □Religion □Retaliation for having filed or part	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	nal orientation, and gender identity) vful discrimination		
characteristics associated with race. ² Color discrimination occurs when a darkness of the skin), complexion, s ³ Religious discrimination involves the state of the world, because of ethnicity or bisability discrimination occurs whistory of a disability or because the state of the state	a person is discriminated against based on hade or tone. reating people unfavorably because of a plves treating people unfavorably because accent, or because they appear to be of a pen an employee or applicant is treated less person is believed to have a physical or interest against people who are age 40 or of the treated a list of all employees who are parties to	person's religious affiliation or belief. they are from a particular country or part certain ethnic background. as favorably because the person has a mental disability. older. to the complaint. The list must include each		
	nber, daytime phone number, and signature. The			

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Complaint Details: Please explain the basis of your complaint, including any unfavorable employment decision/condition that is the subject of the complaint. Describe what happened, when and where. Please provide as much detail as possible about the employment related problems that you are experiencing as a result of the alleged unlawful harassment. Also include the names			
of other individuals involved. Attach any supporting documentation.			
Relief Requested: Indicate the action(s) that would resolve your complaint.			

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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.			
Employee Signature	Date		

Group Complaint: If this is a group complaint, attach a list of all employees who are parties to the complaint. The list must include each employee's name, Employee Identification Number, daytime phone number, and signature. The list must also designate one employee as spokesperson for the group.

Deliver, mail, or fax this form to your District EEO Review Officer or to the Equal Employment Opportunity Office at:

One Georgia Center 600 West Peachtree St., NW Suite 700 Atlanta, GA 30308 FAX: (404) 631-1943

For Equal Employment Opportunity Office Use Only			
Received On:	Received By:	_	
Note: Complaint is not official	y filed until this form is received by the Office of Equal Employment Opportunity.		

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References:

None.

History:

annual review: 08/31/23;

copied to GDOT Publications v.02.00.00: 04/02/12

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Date Last Reviewed: 8/31/2023 Page 4 of 4