



City of Fayetteville

240 Glynn Street South • Fayetteville, Georgia 30214
Telephone (770) 461-6029 • Facsimile (770) 460-4238

MAYOR
Gregory C. Clifton

COUNCIL
Larry Dell
Mickey Edwards
Edward Johnson
Paul Oddo, Jr.
Walt White

CITY MANAGER
Joe Morton

CITY CLERK
Anne Barnard

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1. Complainant's Name _____
 2. Address _____
 3. City, State and Zip Code _____
 4. Telephone Number (home) _____ (business) _____
 5. Person discriminated against (if someone other than the complainant)
Name _____
Address _____
City, State and Zip Code _____
 6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:
a. Race/Color _____
b. National Origin _____
c. Other _____
 7. What date did the alleged discrimination take place? _____

9. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

10. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

_____ Federal agency _____ Federal court _____ State agency _____ State court

_____ Local agency

11. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date