



**STATE OF GEORGIA**  
**Georgia Bureau of Investigation**

**ADA GRIEVANCE PROCEDURE - COMPLAINT FORM**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

When did the acts that you believe were discriminatory occur? Date(s):

\_\_\_\_\_

Please describe the act(s) that you believe were discriminatory.

Please be specific. Use additional sheets if necessary.

\_\_\_\_\_  
Signature (can be electronic)

\_\_\_\_\_  
Date