

Opportunity Development/Diversity Education Planning Office
EMPLOYEE OR STUDENT COMPLAINT QUESTIONNAIRE

10 Park Place, Suite 460

Atlanta, Georgia 30303

Phone: (404) 413-2567 Fax: (404) 413-2560

INSTRUCTIONS: Please print. A signed and completed complaint form must be submitted within 15 calendar days of notifying the Opportunity Development/Diversity Education Planning Office (ODDEP) of your allegations to prevent closure of your file.

Complainant: _____ **Date:** _____

Address: _____
City State Zip

Telephone: _____ **Employee or Student ID#:** _____

Respondent: _____ **Department:** _____

Allegations: Please state the specific problem(s) or allegation(s) [**race, color, sex, national origin, age, retaliation, religion, disability, other**] you wish to file against the individual(s) named above and actions leading up to this point:

Background Information: Describe the nature of the alleged violation(s) and provide any evidence or information that will aid in determining an appropriate course of action. (Attach additional sheets if needed):

Relief Sought: Describe the desired solution to the specific problem(s) or allegation(s) stated above:

Witnesses: List the names and telephone numbers of witnesses who have first-hand knowledge of the particulars of the alleged violation(s).

I affirm that the above information is true and correct to the best of my knowledge.

Signature of Complainant: _____ Date: _____