



**CITY OF SAVANNAH, GA
UNLAWFUL DISCRIMINATION COMPLAINT FORM**

The City of Savannah is committed to protect and safeguard the right and opportunity of all persons to be free from all forms of discrimination. Pursuant to an Ordinance adopted and approved on July 23, 2020 (Sec. 2-3066), any complaint of discrimination must be filed with the Clerk of Council within ninety (90) calendar days after the alleged act of discrimination. A filing fee of \$50 shall be paid by the complainant at the time of filing and may be refunded upon a finding in the complainant's favor. The completed Unlawful Discrimination Complaint Form shall be submitted to the Clerk of Council along with the \$50 filing fee to: Clerk of Council (City Hall) 2 East Bay Street, First Floor, Savannah, GA 31401. Please be advised that this form is covered by the Georgia Open Records Act (O.C.G.A. §50-18-70 to -77).

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____

Do you have an attorney representing you in this matter? If yes:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____



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

Race____Color____Religion____National Origin____Ancestry____Sex____
Sexual Orientation____Gender Identity____Age____Disability____Marital Status____
Familial Status____Veteran/Military Status____Immigration Status____Other____

Have you filed an unlawful discrimination complaint with the City of Savannah in the past?

If yes, approximate date filed: _____

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

The statements and answers made by me to the foregoing questions in this Unlawful Discrimination Complaint Form are true and correct to the best of my knowledge and belief.

Signature _____

Date _____

Notary Public Signature _____ Date Notarized: _____

My Commission Expires _____

INFORMATION OF PERSON OR BUSINESS ALLEGED OF VIOLATING UNLAWFUL DISCRIMINATION CODE

Name _____

Name of Business _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____



ACCOUNT OF ALLEGED VIOLATION(S)

ALLEGED VIOLATION A

1. Date(s) the action occurred _____
2. Location(s) where the action occurred _____
3. What action was 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 the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Savannah's nondiscrimination ordinance.

4. What reason were you given for the action taken?
 - a. Whom did you talk to? List all persons.

 - b. What did they say? Please be as specific as possible about who said what.



6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation to support your allegation as attachments with this form.

ALLEGED VIOLATION B

1. Date(s) the action occurred _____

2. Location(s) where the action occurred _____

3. What action was 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 the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Savannah's nondiscrimination ordinance.



4. What reason were you given for the action taken?

a. Whom did you talk to? List all persons.

b. What did they say? Please be as specific as possible about who said what.

c. How did they identify themselves?

d. Did they offer a resolution to your concern/complaint?



5. Why do you think the action was discrimination?

a. Provide specifics for how you perceived the other person's response.

b. What was said that suggests discrimination?

c. What was done that further suggests discrimination?

6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation to support your allegation as attachments with this form.



ALLEGED VIOLATION C

1. Date(s) the action occurred _____

2. Location(s) where the action occurred _____

3. What action was 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 the more facts you can provide at this stage will further the City's efforts in the process of investigating this alleged violation of Savannah's nondiscrimination ordinance.

4. What reason were you given for the action taken?

a. Whom did you talk to? List all persons.

b. What did they say? Please be as specific as possible about who said what.



6. Provide names and contact information of any witnesses whom you think can provide evidence in support of your allegation.

1. _____

2. _____

3. _____

7. Please submit any evidence, photographs, or documentation to support your allegation as attachments with this form.

If there are additional alleged violations or other details that you wish to include that will help the City understand this complaint, please add accordingly and include in your submission. If you have any questions, please call (912) 651-6441.

FOR OFFICIAL USE ONLY

Received Date _____ Time _____

Received By _____