



GEORGIA

DEPARTMENT OF NATURAL RESOURCES

**Georgia Department of Natural Resources
Americans with Disabilities Act
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 2.

Complainant Name: _____

Street Address: _____

City, State and ZIP Code: _____

Telephone: _____

Email Address: _____

Person Discriminated Against (if other than the complainant): _____

Address: _____

City, State, and ZIP Code: _____

Telephone: _____

Email Address: _____

GA DNR individual or organization you believe has discriminated:

Name: _____

Organization: _____

Address: _____

County: _____

City: _____

State and ZIP Code: _____

Telephone Number: _____

