



GCRA

Greenville County Redevelopment Authority

Non-Employee Discrimination Complaint Form

If you believe that you have been discriminated against on the basis of race, color, national origin, age, sex, religion, familial status, or disability, or if you believe that one or more GCRA programs is being operated in a fashion that discriminates against a person or group of persons on the basis of race, color, national origin, age, sex or disability, you may file a complaint within 180 days of the date of the alleged discrimination. For more information, see GCRA's "Procedure for Non-Employee Discrimination Complaints" or contact the Non-Discrimination Coordinator identified below. Any individual who files a complaint or testifies, assists, or participates in a non-discrimination investigation, proceeding, or hearing may not be intimidated or retaliated against by the Department for the purpose of interfering with any right or privilege guaranteed by the Civil Rights Act of 1964, Section 504, or any other civil rights statute. Complete this form and mail or deliver to:

Joe Smith, Executive Director

Non-Discrimination Coordinator

301 University Ridge, Suite S-4300

Greenville SC 29601

864.242.9801

discrimination@gcra-sc.org

1. Complainant's Name:

2. Address:

3. City: _____ State: _____

Zip Code: _____

4. Telephone Number: _____

E-Mail Address: _____

5. Person discriminated against (if other than complainant):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail Address: _____

6. Other person(s) who may have knowledge of the event: Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____



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E-Mail Address: _____ Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Telephone Number: _____
 E-Mail Address: _____

7. What was the discrimination based on? (Check all that apply): Race Color National Origin
 (including LEP) Disability Sex Age Retaliation Other (please specify)

8. Date of incident resulting in discrimination: _____

9. Describe the discrimination. What happened and who was responsible? For additional space, attach additional sheet(s) of paper.

10. Did you file this complaint with another federal, state, or local agency, or with a federal or state court? Yes No If the answer is yes, check each agency where the complaint was filed: Federal Agency Federal Court State Agency State Court Local Agency Other

11. Provide contact information for the agency with which you also filed the complaint:

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number or E-mail Address: _____ Date Filed: _____

12. Sign the complaint in the space below and date. Attach any documents you believe supports your complaint.

Complainant (signature) _____ Date _____