

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE GCEO	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: GEORGIA COMMISSION ON EQUAL OPPORTUNITY

Check One: <input type="checkbox"/> EEO (Equal Employment Opportunity) <input type="checkbox"/> FHL (Fair Housing Law)
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Case filed with OSAH on: _____ Respondent's County of Residence: _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

COMPLAINANT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

COMPLAINANT'S ATTORNEY () Private Attorney () Commission Attorney):

EMPLOYEE'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

RESPONDENT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

RESPONDENT'S ATTORNEY:

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

INTERVENOR (IF APPLICABLE):

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

INTERVENOR'S ATTORNEY (IF APPLICABLE):

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

Note to Commission: Please attach the Complaint to this form. Also attach a sheet identifying any statutes or rules that establish any specific time frames or procedures that are to be applied in resolving the action.

Note to Clerk: If the Commission does not represent the complainant, please serve the final order on the Commission.