



The Immigration Enforcement Review Board

270 Washington Street, SW

Room 1-156

Atlanta, GA 30334

Complaint Form

(Submissions must be typed or printed legibly)

Date of Complaint: _____

Name of Public Agency or Employee
Against Whom Complaint is Made: _____

Address of Public Agency Against Whom Complaint is Made or Which Employs The Individual
Against Whom Complaint is Made:

City: _____, GA

Zip: _____

Telephone: (____) _____

Eligibility Status Provision that the public agency or employee allegedly violated (Check All That Apply):

____ O.C.G.A. § 13-10-91 Requirements for government agencies concerning the federal work authorization program (E-Verify) in hiring new employees or in entering contracts for the physical performance of services

____ O.C.G.A. § 36-80-23 Prohibition against local governments adopting, enacting, implementing, or enforcing an immigration sanctuary policy

____ O.C.G.A. § 50-36-1 Requirements for government agencies in the administration of public benefits

Name of the City (if applicable) and County where violation allegedly occurred:

City: _____ County: _____

Date or dates that public agency or employee allegedly violated the Eligibility Status Provision(s): _____

