

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM



INSTRUCTIONS TO COMPLAINANT: If you think you or someone you know has been discriminated against by the Office of the Attorney General or one of its federally funded subrecipients in either services or employment on the basis of race, color, national origin, sex, religion, disability, or age; please send this form to the Office of the Attorney General, Attention Civil Rights Complaint Coordinator, PL-01, The Capitol, Tallahassee, FL 32399-1050, or by facsimile to (850) 921-7971, or email to Pam.Bondi@myfloridalegal.com

SECTION ONE: COMPLAINANT INFORMATION (please print)

1. Name (last, first, middle): _____
2. Mailing Address: _____ 3. City: _____ 4. State: _____ 5. Zipcode: _____
6. Telephone Number: _____ 7. Email Address: _____
8. Are you filing on behalf of another person? Yes No (If no, proceed to section two)
9. Name of person on whose behalf complaint is being filed (if known): _____

SECTION TWO: WITNESS INFORMATION (please print)

10. Did someone witness the event for which the complaint is being filed? Yes No (If no, proceed to section three)
11. Witness Name (last, first, middle): _____
12. Witness' Contact Information: _____

SECTION THREE: ALLEGED DISCRIMINATOR INFORMATION (please print)

13. Name of person complaint is against: (last, first, middle): _____
14. Title of person complaint is against: _____ 15. Agency person works for (if known): _____

SECTION FOUR: ALLEGED DISCRIMINATORY OR RETALITORY CONDUCT (please print)

16. Is the complaint based on (choose one, or both):
 - Discrimination in employment services based on one of the following:
race, color, national origin, sex, religion, age, or disability
 - Retaliation for engaging in a protected activity
17. Explanation (use additional pages if necessary): _____

SECTION FIVE: AFFIDAVIT OF OATH

BY SIGNING THIS FORM, I AFFIRM THAT I AM THE COMPLAINANT AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

18. Signature: _____ Date: _____