



Civil Rights Complaint Form

**Upon completion, mail a
copy of this form to:**

FDLE Office of General
Counsel Attention Civil Rights
Complaint Coordinator
PO Box 1489
Tallahassee, FL 32302

Your Name: _____ **Phone Number:** _____

Address: _____

What individual, agency or organization is involved in your complaint?

Name of Individual and Agency/Organization:	Address:	Phone Number:

On what basis do you believe you were discriminated against?

- ☐ Race/color
- ☐ National Origin
- ☐ Religion
- ☐ Sex
- ☐ Disability
- ☐ Age
- ☐ Sexual Orientation
- ☐ Gender Identity

Explain in detail what happened and how you were discriminated against. State who was involved and how other persons were treated differently from you.



Civil Rights Complaint Form

**Upon completion, mail a
copy of this form to:**

FDLE Office of General
Counsel Attention Civil Rights
Complaint Coordinator
PO Box 1489
Tallahassee, FL 32302

When do you believe the discrimination occurred? (List Dates)		
Why do you believe this occurred?		
Have you filed a complaint with any of the following?		
<input type="checkbox"/> Civil Rights Division, U.S. Department of Justice (DOJ)		
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission		
<input type="checkbox"/> Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice (DOJ)		
<input type="checkbox"/> Federal or State Court		
<input type="checkbox"/> State or Local Human Relations Committee		
<input type="checkbox"/> State Law Enforcement Planning Agency		
<input type="checkbox"/> Attorney		
<input type="checkbox"/> Other (please specify)		
For any item checked above, please provide the following information:		
Name of Agency		
Date Filed		
Case or Docket Number		
Date of Trial or Hearing		
Location of Agency or Court		
Name of Investigator		
Status of Case		
Additional Comments		
Signature:		Date: