



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.



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| | | |
|--|--------------|--|
| 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"/> Other Federal Agency | | |
| <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: | |