

OFFICE OF THE ATTORNEY GENERAL



**ASHLEY MOODY
ATTORNEY GENERAL
STATE OF FLORIDA**

**DEPARTMENT OF LEGAL AFFAIRS
THE CAPITOL
TALLAHASSEE, FLORIDA 32399-1050**

**Reply Address:
Office of the Attorney General
Office of Civil Rights
The Capitol, PL-01
Tallahassee, FL 32399-1050
850.414-3300; 850.921-7671(fax)**

COMPLAINT QUESTIONNAIRE

Office of Civil Rights

PLEASE PRINT IN INK OR TYPE

NAME: _____ **PHONE NO.:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PERSON (S), COMPANY OR ORGANIZATION YOU ARE COMPLAINING AGAINST:

AREA CODE/PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Please provide a brief statement of your complaint. Attach copies of any documents that support your statement. Do not send original documents. All documents and attachments submitted are subject to public inspection pursuant to Chapter 119, Florida Statutes.

**Office of Civil Rights
Questionnaire
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(You may attach additional pages if necessary.)

List the address and telephone number of any witnesses who can verify your complaint.

1.

2.

3.

Signature _____ **Date** _____

**Please return this questionnaire to:
Office of the Attorney General
Office of Civil Rights
The Capitol PL-01
Tallahassee, FL 32399-1050
Telephone: 850.414-3300, Fax: 850.921-7671
*Thank you!***