



JAMES UTHMEIER
ATTORNEY GENERAL
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL

Office of Civil Rights

The Capitol, PL-01, Tallahassee, FL 32399-1050

Phone: (850) 414-3300 • Fax: (850) 921-7671

COMPLAINT QUESTIONNAIRE

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
Phone: (850) 414-3300 • Fax: (850) 921-7671**

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