COMPLAINT OF DISCRIMINATION

COMPLAINANT: vs RESPONDENT:

THE ALLEGATION OF DISCRIMINATION IS BASED UPON: (CHECK ALL THAT APPLY)

____ SEXUAL ORIENTATION       ____ AGE       ____ DISABILITY
____ RACE       ____ RELIGION       ____ GENDER IDENTITY
____ COLOR       ____ NATIONAL ORIGIN       ____ RETALIATION
____ GENDER       ____ MARITAL STATUS

TYPE OF COMPLAINT:

____ FORMAL       ____ INFORMAL

TYPE OF ALLEGATION:

____ HOUSING       ____ EMPLOYMENT       ____ PUBLIC ACCOMMODATION       ____ FAIR CREDIT
____ OTHER (PROGRAMS/SERVICES)

IF ANY OF THE FOLLOWING APPLY, PLEASE CHECK, ONLY, IF YOUR COMPLAINT IS BASED ON ONE OF THE ABOVE PROTECTED CHARACTERISTICS:

____ Harassment       ____ Hostile Work Environment

Date of most recent discriminatory action: ___________________________

The reason the Respondent gave for the alleged discriminatory action (eg: no work, downsizing, company closing, etc.) ___________________________

The reason I believe the action is discriminatory: ___________________________

FOR OFFICE USE ONLY:

COMPLAINT #: ___________________________
Personal harm suffered (ex: loss wages, increased rent, emotional distress, moving expenses, or any other expenses, embarrassment, having to do business elsewhere): ________________________________

What is your desired resolution? ____________________________________________

I will advise the Office of Equal Opportunity if my address or telephone number changes and I will cooperate fully with them in the processing of my complaint in accordance with their procedures.

Note: During the investigation of a complaint, the Office of Equal Opportunity is neither an advocate for the Complainant or the Respondent.

I declare under penalty of perjury that the foregoing is true and correct.

NOTARIZED SIGNATURE

______________________________
(COMPLAINANT)

STATE OF FLORIDA
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared ____________________________, to me well-known (or who produced ____________________________ as identification), and s/he acknowledged before me that s/he is the person who signed the above and foregoing complaint.

WITNESS my hand and seal of my office, ____________________ County, Florida this _____ day of _________________, A.D.,

My commission expires: ____________________________

Notary Public, State-at-Large