FLORIDA COMMISSION ON HUMAN RELATIONS

2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301
Fax: 850-488-5291 Phone: (850) 488-7082

Date Stamp (FCHR Use Only)

A. PERSONAL INFORMATION	**FCHR No.**	
Name	**E-Mail Address**	**Date of Birth**
Mailing Address	**Home Telephone Number (area code)**	
City, State, and Zip Code	**Work (if possible to call you there)**	

B. BUSINESS INFORMATION (employer, labor organization, employment or government agency, etc.)		
Name	**Number of Employees**	**Telephone Number**
Street Address (Branch/Office in Florida)	**City, State and Zip Code**	**County**

C.CAUSE OF DISCRIMINATION BASED ON – Check appropriate box(es)	**DATE MOST RECENT DISCRIMINATION TOOK PLACE (month, day, year)**
☐ **RACE** ☐ **COLOR** ☐ **SEX** ☐ **RELIGION** ☐ **DISABILITY/HANDICAP** ☐ **NATIONAL ORIGIN** ☐ **AGE** ☐ **MARITAL STATUS** ☐ **RETALIATION**	

D. DISCRIMINATION STATEMENT:

I believe I have been discriminated against pursuant to Chapter 760 of the Florida Civil Rights Act, and/or Title VII of the Federal Civil Rights Act, and/or the Age Discrimination in Employment Act, and/or the Americans with Disabilities Act as applicable for the following reason(s):

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

E. VERIFICATION. Under penalties of perjury, I declare that I have read the foregoing complaint of discrimination and that the facts stated in it are true. I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my complaint in accordance with their procedures.

SIGNATURE OF COMPLAINANT **DATE**