



AMERICANS WITH DISABILITIES ACT (ADA)

Complaint Form

This form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services or activities of the Florida Department of Business and Professional Regulation (DBPR) under Title II of the ADA. Alternate means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of three years.

Filing Date: _____ Date of Alleged Incident: _____

Complainant Name: _____

Home Address: _____

Phone#: _____ Email: _____

The alleged act of discrimination involves which DBPR Division, meeting, agency or program?

Describe the alleged act of discrimination (additional paper may be attached):

This complaint form (or alternate reporting method) should be submitted by the complainant or his/her designee as soon as possible, but no later than 120 days after the alleged violation, to:

Office of Human Resource
Personnel@myfloridalicense.com
Florida Department of Business & Professional Regulation
2601 Blair Stone Road Tallahassee, FL 32399-1010
850.487.2074 (phone) 850.921.8992 (fax)