

**Nondiscrimination Program
Complaint of Discrimination**

Complainant(s) Name:

Complainant(s) Address:

Complainant(s) Phone Number:

Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):

Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:

Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):

Discrimination Because Of:

- Race
- Sex
- Income Status
- Color
- Age
- Retaliation
- National Origin
- Handicap/Disability
- Other

Date of Alleged Discrimination:

Please list the name(s) and phone number(s) of any person, if known, that the Florida Division of Emergency Management could contact for additional information to support or clarify your allegation(s).

Please explain as clearly as possible **how**, **why**, **when** and **where** you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.

Complainant(s) or Complainant(s) Representatives Signature:

Date of Signature: