



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Nondiscrimination Program

Complaint of Discrimination

Submit completed form to: IG.Complaints@FloridaDEP.gov

Complainant(s) Name:		Complainant(s) Phone Number:	
Complainant(s) Address:			
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:			Date of Alleged Discrimination:
Race	Color	National Origin	
Sex	Age	Handicap/Disability	
Retaliation	Income Status	Other	
List the name(s) and phone number(s) of any person, if known, that the Florida Department of Environmental Protection could contact for additional information to support or clarify your allegation(s).			
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: