



DEPARTMENT OF JUVENILE JUSTICE

Complaint Form

DJJ No.: _____
(Equal Opportunity Officer Only)

Date: (MM/DD/YYYY)

Please select one.

Employee: Candidate for Employment: Client, Customer, Program Participant or Consumer

A. Complainant Information (person filing the complaint or designated representative):

Full Name: Employee ID# (if applicable): D.O.B.: (MM/DD/YYYY)

Work/Home Address: City: State: Zip Code:

Telephone Number (Home): Work: Cell:

B. Information of Person Discriminating Against You (person you are complaining about):

Name: Program/Region/Circuit:

Work Address: City: State: Zip Code:

C. Check Cause or Basis of Discrimination (Check all that apply)

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex-Female | <input type="checkbox"/> Sex-Male |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Other (please explain): | | | |

D. Give date the most recent or continuing discrimination took place: (MM/DD/YYYY)

E. Give Full Details of Complaint: *(Use additional sheet if necessary)*

I. **REASON FOR ADVERSE ACTION:** (State reason given for action taken and Name/Title of persons involved.)

II. **DISCRIMINATION STATEMENT:** (Provide facts, details, dates & comparative statements, i.e., how others of a different race or sex, etc., were treated differently or more favorably.)

III. **PERSONAL HARM:** (State what harm occurred to you, e.g., Demotion, Discharge, Not Hired, etc.)

I declare that the foregoing is true and correct:

SIGNATURE OF COMPLAINANT: _____
(or their designated representative)

DATE: _____

Candidates and Employees who believe they have been discriminated against may file a complaint with the **Bureau of Human Resources, Equal Employment Opportunity Officer, at 2737 Centerview Drive, Knight Building, Suite 1400, Tallahassee, FL 32399**, by telephone at (850) 717-2654 or by email at HREEEOfficer@djj.state.fl.us within **365 days** of the alleged discriminatory action. Complaints may also be filed with the Florida Commission on Human Relations (FCHR), 2009 Apalachee Parkway, Suite 200, Tallahassee, FL 32301-4857, (850) 488-7082; Fax: (850) 488-5291 or the Equal Employment Opportunity Commission (EEOC), Miami Tower, 100 SE 2nd Street, Suite 1500, Miami, Florida 33131, (800) 669-4000; Fax: (305) 808-1855. **Clients, Customers, Program Participants or Consumers** who believe they have been discriminated against may also file with the U.S. Department of Justice, Office for Civil Rights, 810 Seventh Street N.W., Washington, DC 20531, Web Address: <https://www.ojp.gov/program/civil-rights/filing-civil-rights-complaint>. For more information on how to file a complaint please call (850) 717-2654 or send e-mail to HREEEOfficer@djj.state.fl.us.