

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399-1011
 Phone: 850.487.1395
Call.Center@dbpr.state.fl.us
www.MyFloridaLicense.com/dbpr/hr

FOR OFFICE USE ONLY
Complaint #
Date Received

SECTION 1 – LICENSEE INFORMATION

License Type: <input type="checkbox"/> Food Service <input type="checkbox"/> Lodging <input type="checkbox"/> Elevator <input type="checkbox"/> Registered Elevator Company <input type="checkbox"/> Elevator Inspector				
Name				
Address				
City	County	Zip Code		
Business Phone	License Number (if known)			

SECTION 2 – COMPLAINANT INFORMATION

Last Name	First	Middle	Title	Suffix
Organization Name (if representing an organization, please provide the name of the organization)				

CONTACT INFORMATION

Primary Business Phone Number	Primary Home Phone Number
Primary E-Mail Address	Alternate Phone Number or Fax Number
Does the Complainant want to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MAILING ADDRESS

Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	Country

SECTION 3 – DETAILS OF THE COMPLAINT

Please provide any additional comments on an addendum. If addendum is used, please check here .