



<b>CONTACT PERSON (IF OTHER THAN YOURSELF)</b>				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		

<b>PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)</b>				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

<b>SUBJECT OF COMPLAINT</b>				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

**I affirm that I have provided the above information completely and truthfully to the best of my knowledge.**

Complainant Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the completed Uniform Complaint Form to the address below to which it pertains:**

Florida State Boxing Commission  
1940 North Monroe Street  
Tallahassee, Florida 32399-1016

Engineer's Board  
2507 Callaway Road, Suite 200  
Tallahassee, Florida 32303

Division of Hotels and Restaurants  
1940 North Monroe Street  
Tallahassee, Florida 32399-1012

Division of Pari-Mutuel Wagering  
1940 North Monroe Street  
Tallahassee, Florida 32399-1037

Board of Accountancy  
240 N.W. 76<sup>th</sup> Drive, Suite A  
Gainesville, Florida 32607

Land Sales, Condos and Mobile Homes  
1940 North Monroe Street  
Tallahassee, Florida 32399-1031

Division of Real Estate  
400 Robinson Street  
Orlando, Florida 32801

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Department of Business and Professional Regulation  
Division of Regulation/Compliance – Consumer Services  
1940 North Monroe Street  
Tallahassee, Florida 32399-0782

**For the following professions:**

Architecture & Interior Design  
Asbestos Consultants  
Athlete Agent  
Auctioneers  
Barbers'  
Building Code Administrators & Inspectors  
Community Association Managers  
Cosmetology  
Construction Industry Licensing Board  
Electrical Contractors  
Employee Leasing Companies  
Geologists  
Landscape Architecture  
Pilot Commissioners  
Talent Agencies  
Veterinary Medicine