## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 2601 Blair Stone Road Tallahassee, FL 32399-1011

Phone: 850.487.1395

http://www.myfloridalicense.com/contactus/

www.MyFloridaLicense.com/DBPR/hotels-restaurants/

FOR OFFICE USE ONLY
Complaint #
Date Received

SECTION 1 – LICENSEE INFORMATION						
License Type:  Food Service Lodging Elevator Registered Elevator Company Elevator Inspector						
Name						
Address						
City	County			Zip Code		
Business Phone	<u>.</u>	License Number (if I	known)	•		
SECTION 2 – COMPLAINANT INFORMATION						
Last Name First		N	1iddle	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				lumber		
Does the Complainant want to be contacted?		☐ Yes ☐ No				
MAILING ADDRESS						
Street Address or P.O. Box						
City	State	Zip Code (+4 optiona	al) Country			
SECTION 3 – DETAILS OF THE COMPLAINT						
Please provide any additional comments on a	n addendum	. If addendum is used.	please che	eck here □		