Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, Florida 32301

Help On this Form

CHARGE OF DISCRIMINATION/HARASSMENT ON THE BASIS OF DISABILITY	LCBCC#:
Name (Indicate Mr. Mrs. Or Ms.)	Social Security #: Date of Birth:
Street Address:	Home Telephone Number (Area Code):
City, State, and Zip Code:	Work (If possible, to call you there):
List the department, division, or other person who discriminated against you:	
CAUSE OF DISCRIMINATION BASED ON [Check appropriate box(es)]: ☐ Disability ☐ Retaliation	
THE PARTICULARS OF THE CASE ARE (If additional space is needed, attach extra sheets): Background: Reason for action by Respondent: Reason for Filing Charge:	
Signature of Complainant:	Date:

Click Here to Send this Form Electronically