



**DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF CIVIL RIGHTS  
2415 NORTH MONROE STREET, SUITE 400  
TALLAHASSEE, FL 32303-4190**

Charging Party:

DCF Case No:

Employment Title:

Work Address:

**NOTICE:** You have been named as a Respondent or Witness in a Complaint of Discrimination filed pursuant to Rule 60L-33.007, Florida Administrative Code. It is requested that you complete this form to assist the Office of Civil Rights in the investigation of the above referenced complaint. Please be advised that the law prohibits any kind of retaliation against a person who participates in or testifies in an investigation conducted pursuant to a Complaint of Discrimination.

, after being duly sworn, deposes and says:

I have read the above affidavit, consisting of \_\_\_\_\_page(s), and swear or affirm that it is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Affiant

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_(name of person making statement).

(Signature of Notary Public-State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_