



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 _____