

**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/](http://www.MyFloridaLicense.com/DBPR/hotels-restaurants/)

<b>FOR OFFICE USE ONLY</b>
Complaint #
Date Received

SECTION 1 – LICENSEE INFORMATION				
License Type: <input type="checkbox"/> Food Service <input type="checkbox"/> Lodging <input type="checkbox"/> Elevator <input type="checkbox"/> Registered Elevator Company <input type="checkbox"/> Elevator Inspector				
Name				
Address				
City	County		Zip Code	
Business Phone		License Number (if known)		
SECTION 2 – COMPLAINANT INFORMATION				
Last Name	First	Middle	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 Number		
Does the Complainant want to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MAILING ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)	Country	
SECTION 3 – DETAILS OF THE COMPLAINT				
Please provide any additional comments on an addendum. If addendum is used, please check here <input type="checkbox"/>				

