

COMPLAINANT STATEMENT

COMPLAINANT STATEMENT

COMPLAINANT STATEMENT

COMPLAINANT INSTRUCTIONS:

1. Florida law requires any person who has reasonable cause to suspect that a child or vulnerable adult has been abused, abandoned, neglected or exploited to contact the Florida Abuse Hotline at 1-800-96-ABUSE or online at <https://reportabuse.myflfamilies.com/s/>. If your concern includes allegations of abuse or neglect of a child, immediately contact the Department of Children and Families before submitting this form to the Department of Education.
2. Fill in completely all information on the first page of this form. If you have further comments or supporting documents that substantiate the information you have given to us or may otherwise assist us in understanding the details of your complaint, please attach that information to this form.
3. Sign in the signature block below to affirm that your statement is true and complete to the best of your knowledge.
4. Return this form and all attached pages by mail to:

Executive Director
Office of Independent Education and Parental Choice
Florida Department of Education
325 W. Gaines St., Suite 1044
Tallahassee FL 32399

5. If you have any questions or concerns about completing this form, please contact the Office of Independent Education and Parental Choice at (850) 245-0502.

COMPLAINANT SIGNATURE:

Printed Name

Signature

Date

This section to be completed by IEPC designee:

DATE RECEIVED BY IEPC OFFICE: _____

IEPC DESIGNEE:

Printed Name

Signature