

Office of Equal Business Opportunity (EBO)

City of Tampa Code of Ordinances No.2017-28, Ch 26.5: Equal Business Opportunity Ordinance

2555 E Hanna Ave, Tampa, FL, 33610: Tel: (813) 274-5522 Fax (813) 274-5544

INSTRUCTIONS AND INFORMATION

- Please print or type legibly.
- Enter your name, address, and telephone number.
- Enter the company or city agency name, address, and telephone number that your complaint is against.
- Explain your complaint by telling us:
 - What happened?
 - When and where did it happen?
 - What steps have you taken to resolve the complaint?
- Include copies of all supporting documents:

i.e., Contracts, Agreements, Canceled Checks, Warranties, Invoices, Estimates, Leases.

Sign and Return this complaint form with copies of each of your supporting documents to:

City of Tampa, Office of Equal Business Opportunity
2555 E Hanna Ave., 1st Floor, Tampa, Florida 33610

You will be contacted directly or receive a confirmation letter from the Office of Equal Business Opportunity within 15 days after our receipt of your complaint.

To ensure that we are able to act upon your complaint as quickly as possible, please make sure that you complete this form in its entirety and submit copies of all your support documents. Forms not fully completed (including your signature and date) or lacking copies of all supporting documents may delay the investigation of your issue. If you have any questions on completing the complaint form, please call us at (813) 274-5522.

Please Note:

All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, Florida Statutes.

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Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax: _____

Company Name: _____

I understand that the Office of Equal Business Opportunity (EBO) does not provide legal advice but will facilitate an appeal to ensure due process. I am filing this complaint to notify the City of Tampa of activities involving an agency of the city or a Vendor engaged in contracting, procurement, professional, or other services.

(Your Signature)

(Date)

(Print or Type your Name)