



COMPLAINT / DECISION PROTEST FORM

Please submit to:
AAMMA
12156 Havburg Dr.
Pensacola, FL 32506

| COMPLAINT INFORMATION | | | | |
|----------------------------|------------|--------|------------------------|----------|
| Last Name | First Name | Middle | Title | Suffix |
| School Name/Position | | | | |
| MAIL ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | State | Zip Code |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | | Primary E-Mail Address | |
| COMPLAINT DESCRIPTION | | | | |
| | | | | |

Attach additional sheets and/or video as necessary.

| CONTACT PERSON (IF OTHER THAN YOURSELF) | | | | |
|---|------------|------------------------|-------|----------|
| Last Name | First Name | Middle | Title | Suffix |
| ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | State | Zip Code |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | Primary E-Mail Address | | |

| WITNESS (IF APPLICABLE) | | | | |
|----------------------------|------------|------------------------|-------|----------|
| Last Name | First Name | Middle | Title | Suffix |
| ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | State | Zip Code |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | Primary E-Mail Address | | |

| WITNESS (IF APPLICABLE) | | | | |
|----------------------------|------------|------------------------|-------|----------|
| Last Name | First Name | Middle | Title | Suffix |
| ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | State | Zip Code |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | Primary E-Mail Address | | |

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Please mail the Complaint / Decision Protest Form to: AAMMA 12156 Havburg Dr. Pensacola, FL 32506 or Fax it to: 850-457-1650