

**Department of Finance and Administration
Procurement Division
Jacksonville Small and Emerging Business**



JSEB Complaint/Referral Form

INQUIRY _____ COMPLAINT _____ ASSIST _____ TRANSFER _____ EMAIL _____ FILE _____
FOR INTERNAL USE ONLY

Summary of your complaint:

YOUR NAME and/or NAME OF BUSINESS		
CONTACT PERSON		
MAILING ADDRESS		
CITY	ST	ZIP CODE
PHONE	EMAIL ADDRESS	

Please be specific as possible when providing information regarding your issue. Also include any dates and/or other areas or individuals you have contacted regarding this matter. If you need additional space to describe your complaint please use extra sheet(s) or a separate statement. Please provide any documents that you feel are relevant to your complaint.

FOR INTERNAL USE ONLY

Referred to:

Submit form to JSEB@coj.net or mail to address below: