



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CONSUMER COMPLAINT FORM

ADAM H. PUTNAM
COMMISSIONER

s. 570.544(3), F.S.

Please return completed complaint form to:

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

1-800-HELP-FLA Toll-free from within FL
850-410-3800 - Calling from outside FL
www.800helpfla.com

This information MUST be provided for the Department to mediate your complaint, as we correspond via U.S. mail. Incomplete forms CANNOT be processed. PLEASE WRITE LEGIBLY. Only one business per complaint form.

Person Making Complaint:

Three checkboxes for gender selection

Ms. / Mrs. / Mr.

Last Name, First Name, Middle Initial

Mailing Address

City, State, Zip Code and Country

Home and Business Phone, including Area Code

Email Address

Please check if you would like to receive our Florida Consumer E-Newsletter. Our newsletter provides monthly consumer tips and information and is distributed by email.

Product or Service involved: Amount Paid: \$

Date of Transaction: I was contacted by: Telephone Mail Other

**What would satisfy your complaint?

**The Department cannot require businesses to take a particular action such as repairing or replacing a product, or refunding money. The Department may act as a mediator to attempt dispute resolutions; however, on occasion, the only recourse is to seek legal remedy through the court system.

Have you retained an attorney? Yes No

If yes, you should rely on the advice of your attorney.

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? Yes No

Please check your age group (Optional): Under 25 25 - 35 36 - 45 46 - 55 Over 55

Enhanced penalties may be available based upon your age.

PLEASE ATTACH COPIES, DO NOT SEND ORIGINALS.

- All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, F.S.
Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082, 775.083, or 837.06, F.S.

Please explain your complaint. Attach additional sheets if necessary.

Lined area for writing the complaint.

My signature authorizes the Department of Agriculture and Consumer Services to take any action deemed necessary for purposes of mediation, investigation or enforcement. I understand that the Department does not give legal advice, and cannot take legal action for me. I am filing this complaint to notify the Department of the activities of this business/ individual and to seek any assistance available. I ACKNOWLEDGE THAT I AM AWARE THAT THE PERSON/ BUSINESS WHICH I AM COMPLAINING AGAINST WILL RECEIVE A COPY OF THIS COMPLAINT.

Signature: _____

Date: _____