



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer
Services
Division of Animal Industry
Bureau of Animal Disease Control

PET LAW COMPLAINT FORM

§ 828.29 and § 585.145, Florida Statutes
5C-3, 5C-4, and 5C-20, Florida Administrative Code

Please return completed complaint form to:

Florida Department of Agriculture
and Consumer Services
Division of Animal Industry
407 South Calhoun Street
Tallahassee, Florida 32399-0800
850/410-0900 Fax: 410-0929

www.freshfromflorida.com/ai

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.*

*The shaded 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	Complaint is Against
<input type="checkbox"/> Miss/Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
_____	_____
Last Name, First Name, Middle Initial, Suffix	Name of Business
_____	_____
Mailing Address	Mailing Address
_____	_____
City, County	City, County
_____	_____
State & Zip Code	State & Zip Code
_____	_____
Home & Business Phone, including Area Code	Business Phone, including Area Code
_____	_____
Email Address	Business Email or Web Address
_____	_____

Please specify the type of animal involved: _____ Amount Paid: _____

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

What would satisfy your complaint?

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, sales receipt, or other papers, i.e., estimates, invoices, or other supporting documents? Yes No

(ATTACH COPIES. DO NOT SEND ORIGINALS.)

NOTE:

- All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, Florida Statutes.
- 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 s. 775.082, s.775.083, or s. 837.06, Florida Statutes.

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

(PLEASE USE OTHER SIDE OF THIS FORM TO DESCRIBE YOUR COMPLAINT & ATTACH YOUR SIGNATURE.)

Please explain your complaint. Attach additional sheets, if necessary.

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.

*Please be aware that the submission of a social security number is **NOT** required in order for the Department of Agriculture and Consumer Services to process your request. If you have a social security number or other sensitive information present on the materials that you wish to submit, we ask that you first redact [edit/remove/blacken out] that information. Please note that if you send the Department sensitive personal information it may be subject to a public records request in accordance with Florida law.

Signature: _____ **Date:** _____