



Florida Department of Agriculture and Consumer Services

Division of Consumer Services

CONSUMER COMPLAINT FORM

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, 850-488-2221 - Calling from outside FL, www.800helpfla.com

ADAM H. PUTNAM COMMISSIONER

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: Complaint is Against:

Ms./Mrs./Mr. Last Name, First Name, Middle Initial

Name of Business

Mailing Address

Mailing Address

City, State, Zip Code and Country

City, State, Zip Code

Home and Business Phone, including Area Code

Business Phone, including Area Code

Email Address

Business Email and/or Web 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 circle 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 s. 775.082, s.775.083, or s. 837.06, F.S.

Please explain your complaint. Attach additional sheets if necessary.

