



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**MOTOR VEHICLE REPAIR
CONSUMER COMPLAINT FORM**

**ADAM H. PUTNAM
COMMISSIONER**

s. 570.544(3), Florida Statutes

Please return completed complaint form to:
Florida Department of Agriculture and
Consumer Services
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32301

www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida

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

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

Mailing Address

City, County

State and Zip Code

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.

Because certain age groups enjoy specific protections under the law, please select the box next to your age group:

Under 25 25 – 35 36 – 45 46 – 55 Over 55

Year, make and type of vehicle involved: _____

Date of Repair: _____ **Specify repair (Transmission/Engine/Brakes/Electrical/Collision/AC/Other):** _____

Did you receive a copy of the written estimate before the work was performed? Yes No

Were the repairs the same ones you authorized? Yes No

Did you authorize any changes to the original estimate? Yes No

Attach **copies** of estimates, invoices, advertisements, warranties, cancelled checks and other supporting documents. Additionally, attach any **copies** of any letters written to or received from the business. **DO NOT SEND ORIGINALS.**

What would satisfy your complaint? _____

