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COMPLAINT QUESTIONNAIRE

PLEASE PRINT IN INK OR TYPE

NAME: _____ PHONE NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSON(S), COMPANY OR ORGANIZATION YOU ARE COMPLAINING AGAINST:

AREA CODE/PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please provide a brief statement of your complaint. Attach copies of any documents that support your statement. Do not send original documents. All documents and attachments submitted are subject to public inspection pursuant to Chapter 119, Florida Statutes.

