



Office of the Attorney General

Please return completed consumer contact form to:
Office of the Attorney General
State of Florida
PL-01, The Capitol
Tallahassee, Florida 32399-1050

Complainant's contact information **MUST** be provided. Incomplete forms cannot be processed.
PLEASE WRITE LEGIBLY. Only one business per complaint form.

<u>Person Making Complaint:</u>	<u>Complaint is Against:</u>
_____	_____
Last Name, First Name, Middle Initial	Name / Firm / Company
_____	_____
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
_____	_____

Are you over the age of 60? **Yes** **No** / **MILITARY STATUS** **Active Military** **Veteran**
(Penalties can be enhanced for victimizing seniors, persons with disabilities or military service members.)

Product / Service involved: _____ **Amount Paid:** \$ _____ **Payment Method:** _____
Transaction date: _____ **Did you sign a contract, estimate, invoices or other supporting documents?** **Yes** **No**
Have you retained an attorney? **Yes** **No**
Please list any other government agencies, law enforcement authorities or organizations you contacted about this matter:

(ATTACH COPIES. DO NOT SEND ORIGINALS)

Note:

1. All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, Florida Statutes
2. 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 USE OTHER SIDE OF THIS FORM TO DESCRIBE YOUR COMPLAINT & ATTACH YOUR SIGNATURE)

