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

The contact information MUST be provided as we correspond via U.S. mail. Incomplete forms cannot be processed. PLEASE WRITE LEGIBLY. Only one business per complaint form.

Are you filing this complaint on behalf of yourself or someone else?
- SELF – Complete sections 1, 2 and 4
- SOMEONE ELSE – Complete ALL sections

SECTION 1 – Your Contact Information

**Penalties can be enhanced for victimizing individuals over the age of 60.**

1. Are you 60 years of age or older?
   - Yes
   - No

**Penalties can be enhanced for victimizing active duty military, veterans, or their dependents.**

2. Your current military status?
   - Active Duty
   - Reserve
   - Veteran
   - Dependent
   - Other (Explain on next line)

   ____________________________________________________________

Please Enter Your Contact Information

3. Last Name ____________________________________________ 4. First Name ____________________________
5. Address ______________________________________________
9. Phone Number ____________________________ 10. Extension __________________
11. Email Address ____________________________________________

11/15/2022
### SECTION 2 – Complaint Information

1. **What is the complaint about?**
   
   ☐ Benefits  ☐ Charity/Non-Profit  ☐ Debt and Credit  ☐ False Affiliation/Stolen Valor
   
   ☐ Housing  ☐ Other (Explain on next line)

   ________________________________________________________________

2. **Name/Firm/Company Name**

   ________________________________________________________________

3. **Address**

   ________________________________________________________________

4. **City** ____________________________  5. **State** __________  6. **Zip Code** ____________________________

7. **Phone Number**

   ________________________________________________________________

8. **Website**

   ________________________________________________________________

9. **Did you pay or donate money?**  ☐ Yes  ☐ No

   **If you answered “Yes” to the above question, please complete questions 10, 11 & 12**

10. **Date of Transaction (mm/dd/yyyy)** _____ / _____ / _____  11. **Amount Paid/Fee** $ ________________

12. **Payment Method (SELECT ALL THAT APPLY)**

   ☐ Cash  ☐ Check  ☐ Cashier’s Check  ☐ Credit/Debit Card  ☐ PayPal  ☐ BitCoin
   
   ☐ ACH (Wire Transfer)  ☐ Other (Explain on next line)

   ________________________________________________________________

13. **Description of Complaint (Continue on next page and attach additional pages if necessary)**

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   (Continue on next page if needed)
SECTION 2
13. Description of Complaint (Continued)
SECTION 3 – To be completed if you are completing this form for someone else

1. Your affiliation with, or relationship to, the complainant?

☐ Dependent  ☐ Base Representative  ☐ Federal or State Agency
☐ Veterans Service Representative  ☐ Other (Explain on the next line)

____________________________________________________________________________________

Please Enter Your Contact Information

2. Last Name ___________________________  3. First Name ___________________________
4. Address __________________________________________________________
8. Phone Number ___________________________  9. Extension ___________________________
10. Email Address ___________________________

SECTION 4 – Acceptance

(ATTACH COPIES. DO NOT SEND ORIGINALS.)

My signature authorizes the Attorney General’s Office to take any action deemed necessary for purposes of investigation or enforcement. I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint to notify your office of the activities of this company so that it may be determined if law enforcement or legal action is warranted.

Signature: ___________________________________________  Date: _________________________

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.

11/15/2022