



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>
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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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ Date: _____