



Office of the Attorney General

Please return completed consumer contact form to:
Office of Attorney General Pam Bondi
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.

<p><u>Person Making Complaint:</u></p> <p>Miss/Ms. Mrs./Mr. _____ Last Name, First Name, Middle Initial</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, County</p> <p>_____</p> <p>State, Zip Code</p> <p>_____</p> <p>Home & Business Phone, including Area Code</p> <p>_____</p> <p>Email Address</p>	<p><u>Complaint is Against:</u></p> <p>_____</p> <p>Name/Firm/Company</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City, County</p> <p>_____</p> <p>State, Zip Code</p> <p>_____</p> <p>Business Phone, including Area Code</p> <p>_____</p> <p>Business Email or Web Address</p>
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Product or Service involved: _____ Amount Paid: \$ _____

Date of Transaction: _____ I was contacted by: _____ Telephone _____ Mail _____ Other _____

Have you retained an attorney? Yes No

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? Yes No

If you filed complaints with any other governmental and/or consumer agencies about this matter, please list those agencies: _____

(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 indicate if you are over the age of 60. Penalties can be enhanced for victimizing senior citizens. Over 60 Yes No

(PLEASE USE OTHER SIDE OF THIS FORM TO DESCRIBE YOUR COMPLAINT & ATTACH YOUR SIGNATURE)

