



Consumer Affairs Division
115 S. Andrews Ave.
Room A460
Ft. Lauderdale, FL 33301
Telephone (954) 765-5350

COMPLAINANT

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ (Home)
_____ (Work)

RESPONDENT

Name: _____
Does Bus. As: _____
Address: _____
City: _____
State: _____ Zip: _____
Contact: _____

Under penalty of perjury, I declare the facts contained herein are true, correct and complete.

PLEASE PROVIDE THE FOLLOWING INFORMATION

- (1) Date of Transaction: _____
- (2) Have you contacted the Respondent about this complaint? Yes No
- (3) Did you sign a contract, lease, or document? Yes No

PLEASE FURNISH A COPY OF ALL DOCUMENTS, CONTRACTS, RECEIPTS, LETTERS, ETC.

- (4) What other agencies/organizations have you contacted for assistance, and what was the outcome?

- (5) WHAT COMPLAINT RESOLUTION WOULD YOU CONSIDER TO BE MUTUALLY FAIR?

DOLLAR AMOUNT IN DISPUTE (if applicable) : \$ _____

Signature

Date

PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE