



Office of the Attorney General

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

Consumer Contact Form

The shaded 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.

<u>Person Making Complaint:</u> Miss/Ms. Mrs./Mr. _____ Last Name, First Name, Middle Initial	<u>Complaint is Against:</u> 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

Product or Service involved: _____ Amount Paid: \$ _____

Date of Transaction: _____ I was contacted _____ 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

(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)

