Please return completed consumer contact form to:
Office of Attorney General Ashley Moody
Consumer Protection Division
135 West Central Boulevard, # 1000
Orlando, Florida 32801

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?

q SELF – Complete sections 1, 2 and 4  q 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?

q Yes  q No

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

2. Your current military status?

q Active Duty  q Reserve  q Veteran  q Dependent  q 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 ________________________________________________
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


7. Phone Number ____________________

8. Website __________________________

9. Did you pay or donate money?  q Yes  q 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)
   - q Cash
   - q Check
   - q Cashier’s Check
   - q Credit/Debit Card
   - q PayPal
   - q BitCoin
   - q ACH (Wire Transfer)
   - q 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?

   q Dependent  q Base Representative  q Federal or State Agency

   q Veterans Service Representative  q 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.