

Aramis D. Ayala State Attorney

Orange County

Consumer Fraud Unit

415 North Orange Avenue Post Office Box 1673 Orlando, Florida 32802 407-836-2490



Teresa Jacobs
Orange County
Mayor

Carlos J. Morales
Administrator

COMPLAINT FORM

Consumer vs. Business Complaint Form

Dear Consumer,

Thank you for contacting us. We are enclosing a complaint form for you to complete and return to us. To prevent delay in the processing of your complaint, please make sure to enclose <u>copies</u> of all documents or papers that apply to your dispute.

Our office will evaluate your complaint to determine whether we have authority to take action in the matter and you will be notified if we need any additional information. We reserve the right to forward your case to other agencies which may have direct regulating responsibility over the business/industry for which you are submitting a complaint.

Our role in the informal mediation of complaints is to present the consumer's complaint to the business for review in an effort to facilitate a resolution. We cannot require businesses to take a particular action to resolve a dispute.

We cannot act as your private attorney. Our investigators are not attorneys and cannot give legal advice or opinions. If you feel you need legal advice, you will need to consult with a private attorney, legal aid society or other organizations.

Sincerely,

Orange County
Consumer Fraud Unit

Important: 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.

Orange County, Florida - Board of County Commissioners Consumer vs. Business Complaint Form

Mail completed form and all attachments (receipts, contracts, etc.) to:

Orange County Consumer Fraud P.O. Box 1673 415 N Orange Avenue Orlando, FL 32802 (Please print or type)

PH: 407-836-2490 Fax: 407-836-1210

| Your name: | | | | | | | | | |
|--|---------------------|------------------------------------|--|--|--|--|--|--|--|
| Your mailing address: | | | | | | | | | |
| | | Zip code: | | | | | | | |
| Day time phone: () Alternate phone: () | | | | | | | | | |
| Your e-mail addresss: | | | | | | | | | |
| How did you hear about us? | | | | | | | | | |
| Business or Person Complaint is | s Against: | | | | | | | | |
| Name: | | | | | | | | | |
| Mailing address: | | | | | | | | | |
| Physical address if different: | | [] Same | | | | | | | |
| City: | State: | Zip code: | | | | | | | |
| Contact person: | | | | | | | | | |
| Phone: () | Fax: | () | | | | | | | |
| E-Mail Address: | Web | site: | | | | | | | |
| Dispute Information: | | | | | | | | | |
| Date of transaction: Dollar amount in dispute (if applicable): | | | | | | | | | |
| Have you contacted the business/p | person about this d | lispute? O Yes O No | | | | | | | |
| Did you sign a contract, lease or of | ther document? C |) Yes O No | | | | | | | |
| What other agencies/organizations | have you contact | ed for assistance and what was the | | | | | | | |
| outcome? | | | | | | | | | |
| | | | | | | | | | |
| What type of dispute resolution wo | uld you consider b | eing mutually fair? | | | | | | | |

| Description of your dispute : Explain your complaint fully; describing events in the order they occurred. Use additional sheets as needed. | | | | | |
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PLEASE READ THE FOLLOWING DISCLOSURE STATEMENT

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 s provided in s. 775.082, s.775.083 or s.837.06, Florida Statutes.

All documents and attachments submitted with this dispute are subject to public inspection pursuant to Chapter 119, Florida Statutes. Please do not include Social Security numbers, bank/credit card account numbers or medical records with your information (unless specifically requested). If we begin an investigation, a copy of your complaint will be mailed to the person or business you are complaining about <u>unless</u> you indicate otherwise.

I hereby certify that I have read this disclosure statement and that the information submitted on this complaint form and in the attached documents are true and complete to the best of my knowledge and belief.

| Signature: | | | | | Date: | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|-------|--|
| Your age cat O Under 20 | | O 30-39 | O 40-49 | O 50-59 | O 60-69 | O 70-79 | O 80-89 | O 90+ | |

What we do: The Orange County Consumer Fraud Unit is tasked with the investigation of consumer complaints. In this capacity we provide two basic services for consumers. First, we attempt to mediate consumer complaints through informal contact with the parties involved. Secondly, we investigate complaints to gather evidence of violations of Florida Statutes for criminal prosecution by the State Attorney's Office.

If you have a dispute: Please be sure you have made an effort to resolve the matter by dealing directly with the manager or owner of the business. If you have exhausted all attempts to resolve the matter, complete this form and return it to our office. We are not attorneys and cannot represent you legally. We will contact the business and notify you of our findings.

Orange County Consumer Fraud Unit

www.orangecountyfl.net 415 N Orange Avenue P.O. Box 1673 Orlando, FL 32802

PH: (407) 836-2490 FAX: (407) 836-1210 Email: fraudhelp@sao9.org