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 copies 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.
Definitions: Nonconsensual tow means the removal and storage of wrecked or disabled vehicles from an accident scene. Trespass tow means the removal or towing of a vehicle without the consent of the vehicle’s owner or operator, when that vehicle is parked on private real property. Vehicle Immobilization means the use of a "boot" or other mechanism which causes a vehicle to be immobile.

Your Information:

Name:_________________________________
Mailing address:__________________________________________
Day time phone: (_____) _______________ Alternate phone: (_____) _______________
Your e-mail address:________________________________________
Vehicle Description:_________________________ Tag #/State:___________________
Who is the registered owner of the vehicle? _________________________________

Towing Company Information:

Name:_________________________________________________________________
Mailing address:_________________________________________________________
Physical address if different: ________________________________ [ ] Same
Contact person:__________________________________________________________
Phone: (_____) _____________________ Fax: (_____) _____________________
E-Mail Address:________________________________________ Website:________________________

Dispute Information:

Where was your vehicle parked? ________________________________
Date and time of tow: ________________________________
Have you retrieved your vehicle? _____ When? ______________ Cost $: ______________
Type of complaint: Overcharged ______ Booting ________ Legally Parked ________
Missing and/or Improper Signs ________ Other ____________________________
What type of dispute resolution would you consider being mutually fair? ______________
Description of your dispute: Explain your complaint fully; describing events in the order they occurred. Use additional sheets as needed.
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 as 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 business you are complaining about. If you do not want the Consumer Fraud Unit to initiate an investigation and are only filing this complaint for information only, please place your initials here: __________.

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 category:

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 and County Ordinances.

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.

Return completed form, copy of tow receipt and any other documentation to:

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