

# Orange County Consumer Protection Office Complaint Form

**Your Information:**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Day time phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_\_) \_\_\_\_\_  
Your e-mail address: \_\_\_\_\_

**Business Information:**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Physical address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Dispute Information:**

Date of transaction: \_\_\_\_\_ Dollar amount in dispute (if applicable): \_\_\_\_\_

Have you contacted the business about this dispute?  Yes  No

Did you sign a contract, lease, or other agreement?  Yes  No

What other agencies/organizations have you contacted for assistance and what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_

Explain the complaint, describing the events in the order they occurred. You may attach additional pages if necessary.

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What resolution would you consider to be fair?

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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 as provided in Chapters 775.082, 775.083 and 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 initiate an investigation, a copy of your complaint will be mailed to the business you are complaining about unless 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 is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form and photocopies of any supporting documentation to:**

Orange County Neighborhood Services Division  
Consumer Protection Office  
2450 W. 33<sup>rd</sup> St., 2<sup>nd</sup> Floor  
Orlando, FL 32839  
(407) 836-3111  
fraudhelp@ocfl.net