



Please return completed consumer contact form to:

Office of Attorney General Ashley Moody
State of Florida
PL-01, The Capitol
Tallahassee, Florida 32399-1050

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?

SELF – Complete sections 1, 2 and 4 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?

Yes No

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

2. Your current military status?

Active Duty Reserve Veteran Dependent Other (Explain on next line)

Please Enter Your Contact Information

3. Last Name _____ 4. First Name _____

5. Address _____

6. City _____ 7. State _____ 8. Zip Code _____

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

4. City _____ 5. State _____ 6. Zip Code _____

7. Phone Number _____

8. Website _____

9. Did you pay or donate money? Yes 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)

- Cash Check Cashier’s Check Credit/Debit Card PayPal BitCoin
 ACH (Wire Transfer) 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 3 – To be completed if you are completing this form for someone else

1. Your affiliation with, or relationship to, the complainant?

- Dependent Base Representative Federal or State Agency
 Veterans Service Representative Other (Explain on the next line)

Please Enter Your Contact Information

2. Last Name _____ 3. First Name _____

4. Address _____

5. City _____ 6. State _____ 7. Zip Code _____

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.