

Florida Office of Financial Regulation

CONSUMER COMPLAINT FORM

The Florida Office of Financial Regulation (OFR) is charged with enforcing Florida's banking, securities and finance laws. Our goal is for unlicensed or fraudulent activity under our authority to cease. OFR welcomes consumer complaints about Florida's financial service providers. We will record your complaint in a database and analyze it for a pattern of wrongdoing that may result in a formal investigation or action to protect the public.

Please note:

- We cannot act as a court of law or as a lawyer on your behalf.
- If you are trying to recover money or property, you should consider consulting legal counsel in addition to contacting OFR.
- Complaints may not have enough evidence for OFR to use as a basis for action.

Information that may be released under Florida's public records laws:

Florida's public records laws are discussed in the Florida Statutes, Chapter 119. Under Florida's public records laws, information related to OFR's investigations or examinations, including consumer complaints, is confidential until the case is no longer active. At that time, this information becomes public record except for certain identifying information.

Instructions for submitting a written consumer complaint form:

To submit a complaint, complete pages 2 and 3 of this form or write and sign a letter. If your complaint involves a **SECURITIES** related complaint, please also complete page 4. Provide as much detail as possible and type or clearly print your request. Provide **COPIES** of any materials that may be helpful in the investigation of this complaint. **For mailing instructions, please see page 5 of this form.**

Please note:

Complaints for Consumer Collection Agencies (Chapter 559 Florida Statutes) should **NOT** be filled out on this form. Visit www.flofr.gov, "File a Complaint" and download the Consumer Collection Complaint form.

Your information:				
Last name:		First name:		Middle initial:
Street address:				
City:		State:		Zip code:
Daytime phone: ()		Email:		
With what other agencies have you filed a complaint? (Attach copy of response) <input type="checkbox"/> N/A				
Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attorney's name:		Phone: ()
Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name:		Relationship:		
Type of account:		Joint account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of joint account holder:		Relationship:		
Subject of complaint:				
Company name:		Individual name:		
Street address:				
City:		State:	Zip code:	Phone: ()
Person(s) you dealt with at the company:				
Last name:		First name:		Middle initial:
Last name:		First name:		Middle initial:
Complaint details:				
Was an agreement or contract signed? (Attach copy): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Product or service involved:		Date purchased:		
Was the product or service advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where and when was it advertised?		
Purchase price:		Dollar (\$) amount in dispute:		
How/where/when did you buy the product or service?				
Did you complain to the company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you receive a response? (Attach copy): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complained to whom?		Phone: ()		Date contacted:

Summary of complaint:

Lined area for writing the summary of the complaint.

Please read and sign:
To the best of my recollection, the events described in the following complaint are true. I am filing this complaint to notify OFR of these activities. I understand that a copy of this complaint may be provided to the company against whom I am complaining and that my records within that company may be reviewed by OFR or other agencies which may have jurisdiction in this matter.

DATE

SIGNATURE

Please also answer questions on this page if your complaint involves a **SECURITIES** investment (stocks, bonds, limited partnerships, etc.)

Describe anything said to you that you know or believe to be untrue, and why. How did you learn of this investment opportunity? Was there a public solicitation?

Did the subject of the complaint discuss your investment objectives and the amount of risk acceptable to you?
 Yes No N/A

Please put in your own words specifically what was discussed.

How much money have you lost?

Were you in Florida when the transaction leading to the complaint occurred? Yes No

Do you have a residence outside Florida? Yes No Address:

Type(s) of investments you have previously purchased and number of years in that type of investment:

CD's/treasury securities _____ yrs. Mutual funds _____ yrs. Options _____ yrs.
 Annuities _____ yrs. Stocks/equities _____ yrs. Bonds _____ yrs.
 Limited partnerships _____ yrs. Other _____ yrs.

Complete the questions below, based upon your circumstances **AT THE TIME OF THE TRANSACTION**

Marital status: Married Single Divorced/separated Widowed

Age: Retired: Yes No

Joint account holder (if applicable):

Highest educational degree received:

Employer:

Length of employment:

Approximate annual household income:

Approximate annual household net worth (Assets — liabilities):

Find the Correct Division to Receive Your Complaint:

FINANCIAL INSTITUTIONS	CONSUMER FINANCE	SECURITIES
State-chartered banks	Collection agencies (Use separate form on www.flofr.gov "File a Complaint")	Broker/dealers
State-chartered credit unions	Consumer finance companies	Investment advisers
Non-deposit trust companies	Motor vehicle retail installment seller	Associated persons
International banking offices	Retail installment seller	Branch offices
	Sales finance company	Securities offerings
	Home improvement finance seller	
	Loan originators, mortgage brokers and lenders	
	Money services businesses	
	Check cashers	
	Deferred presentment providers (payday lenders)	
	Foreign currency exchangers	
	Money transmitters	
	Payment instrument issuers	
	Title loan companies	

Mailing Instructions for This Form:

Please select the Division below that most closely fits the issues described in your complaint and mail or fax as directed. Please call if you are unsure of the correct Division because sending a form to the wrong area will delay the review of your complaint.

FINANCIAL INSTITUTIONS

Florida Office of Financial Regulation
 Division of Financial Institutions
 Consumer Assistance Group
 200 E. Gaines Street
 Tallahassee, FL 32399-0370
 Tel: (850) 487-9687
 Fax: (850) 410-9663

CONSUMER FINANCE

Florida Office of Financial Regulation
 Division of Consumer Finance
 Consumer Assistance Group
 200 E. Gaines Street
 Tallahassee, FL 32399-0370
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 Fax: (850) 410-9663

SECURITIES

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 Division of Securities
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