



COMPLAINT FORM

Reporting your situation to us is a worthwhile effort. The information which you provide is entered into a database used by the Office of Financial Regulation to select firms and individuals for examination and review. Many major enforcement actions taken by the Office have been a result of investigations initiated by consumer complaints such as yours.

Experience shows that many consumer complaints do not contain adequate evidence to use as the basis for an action by our agency. Matters which are differences of opinion between parties are difficult to process. The Office is not an adjudicatory body and is unable to render binding decisions when the problem involves verbal differences between parties. The Office may not take administrative action unless it can establish proof to support legal action by the Office. The issuance of an administrative action does not necessarily compel an individual or company to provide restitution to a consumer who has filed a complaint against that individual or company. The Office only has authority to issue administrative actions and seek injunctive relief against violators of Florida Statutes under its jurisdiction.

At the conclusion of the Office's review of your complaint, you may be advised to consider the possibility of initiating an arbitration proceeding or civil litigation, whichever is applicable in your situation. Private causes of action effectively deter abuses and complement the regulatory actions of this Office as well as other regulatory bodies.

Please Read and Sign: The events described in this complaint are as accurate as I can recall. I am filing this complaint to notify the Office of these activities and to request any assistance your office can render. I further 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 the Office or other agencies which may have jurisdiction in this matter. I understand that the Office does not legally represent individuals in matters that are purely private controversies. I also understand that the Office cannot compel a firm to return my money except in limited instances.

DATE

SIGNATURE

Please send completed form to:



Department of Financial Services
Division of Consumer Services
Office of Consumer Financial Affairs
200 E. Gaines Street
Tallahassee, Florida 32399-0362
Phone # (850) 413-3037 or (800) 342-2762 (Florida only)

Name: _____
Address: _____

Home Ph.#: _____ Work Ph #: _____

(Please provide or make any necessary changes to your personal information printed above.)

Please understand that you do not have to **complete** this entire form in order for your complaint to be processed. However, information on pages 1 and 2 must be completed for us to fulfill your request. If your complaint involves securities, you must also complete pages 3 and 4. Instead of completing this form, you may send us a letter of explanation of your problem. **Attach additional pages if necessary.** Provide **COPIES** of any documents or material that may be helpful in the investigation of this complaint. **DO NOT SEND ORIGINALS.** Please type or print the requested information.

1. Subject of Complaint:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: (____) _____ - _____

Account Number(s) _____
(If required to process complaint)

Person(s) you dealt with at the company:

Individual Name:

Last First Middle

Individual Name:

Last First Middle

Individual Name:

Last First Middle

Is account joint? Yes ___ No ___ N/A ___ If "yes", please give name(s), relationship, and age(s) of other party(ies).

Are you filing this complaint on behalf of someone else? Yes ___ No ___ If "yes", for whom and what is your relationship?

2. Summary of Complaint: In the space below or on a separate sheet of paper, please provide a summary of your complaint, being as specific as possible. Include all information in chronological order with dates. Include any attempts you have made to process your complaint, and what you consider would be a fair and equitable solution. Attach COPIES of all documents that will help support your position. Use additional pages of explanation, if necessary.

Was an agreement or contract signed? Yes___ No___ (Attach copy)

Dollar (\$) amount in dispute: _____

Product or service involved: _____

Date purchased: _____ Was the product/service advertised? Yes___ No___

Purchase Price: \$_____

How/Where/When? (Example: Tampa Tribune, 02-05-95; WTXL TV, Tallahassee, 0205-95)

3. Did you complain to the company? Yes___ No___

To Whom? _____

Date contacted: _____

Phone (____) _____ - _____

Received a response? Yes___ No___ If "yes", please attach a copy of the response.

Please answer questions 4 through 8 if your complaint involves a securities investment (i.e., stocks, bonds, limited partnerships).

4. Describe any oral representations made to you and indicate any that you know or believe to be untrue, and why they are untrue.

5. Did you discuss your investment objectives and the amount of risk acceptable to you with the subject of the complaint? Yes___ No___ N/A___ Please put in your own words specifically what you discussed.

6. Have you sold the investment in question? Yes___ No___ N/A___ If "yes", when and at what price?

7. Were you in Florida when the transaction giving rise to the complaint occurred? Yes___ No___

Do you maintain a residence outside the State of Florida? Yes ___ No ___ If "yes", where _____

8. Prior Investment Experience:

Firm: _____
Number of years _____

Firm: _____
Number of years _____

Types(s) of investments previously purchased (please indicate number of years in that type of investment):

_____ CD's/Treasury Securities _____ Annuities
_____ Stocks/Equities _____ Bonds
_____ Mutual Funds _____ Options
_____ Limited Partnerships
_____ Other _____

Complainant Profile: Please complete the questions below, based upon your circumstances **at the time of the transaction.**

Marital Status: Married Single Divorced/Separated Widow/Widower

Age: _____ Retired: Yes ___ No ___

Educational level: You Joint Account Holder (if applicable)

Highest Degree Received _____

Employment:

Current Employer _____

Length of Employment _____

Approximate Annual Household Income:

_____ \$0--24,999	_____ \$75,000--99,999
_____ \$25,000--34,999	_____ \$100,000--249,999
_____ \$35,000--54,999	_____ \$250,000--up
_____ \$55,000--74,999	

Approximate Annual Household Net Worth: (Assets Minus Liabilities)

_____ \$0--24,999	_____ \$75,000--99,999
_____ \$25,000--34,999	_____ \$100,000--249,999
_____ \$35,000--54,999	_____ \$250,000--up
_____ \$55,000--74,999	