

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



**WILTON SIMPSON
COMMISSIONER**

**BOARD OF PROFESSIONAL
SURVEYORS AND MAPPERS
COMPLAINT FORM**

Section 472.033(1)(a), Florida Statutes
Rule 5J-17.010, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Please forward to:

FDACS
Division of Consumer Services
Surveyors and Mappers
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Do you wish to file your complaint anonymously? Yes* No Unknown

** If yes, please do not complete the information below under "Person Making Complaint." However, please understand that if you file your complaint anonymously, the Department may be unable to contact you to obtain additional information from you that is critical to the full investigation of your case. Also, the Department may be unable to provide you with information regarding your complaint if you attempt to request it at a later date.*

Person Making Complaint
Name of Person Making Complaint
Company / Occupation
Mailing Address
City, State, Zip Code and Country
Home and Business Phone, including Area Code
Email Address

Complaint is Against
Name of Business
Mailing Address
City, State, Zip Code
Business Phone, including Area Code
Business Email
Web Address

Witness Information
Name of Witness
Company / Occupation
Mailing Address
City, State, Zip Code and Country
Home and Business Phone, including Area Code
Email Address

Complainant's Attorney Information <i>(if applicable)</i>
Name of Attorney
Mailing Address
City, State, Zip Code
Business Phone, including Area Code
Business Email
Web Address

Is this an unlicensed activity complaint? Yes No Unknown

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? Yes No

PLEASE ATTACH COPIES, DO NOT SEND ORIGINALS.

Please explain your complaint. Attach additional sheets if necessary.

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, F.S.

My signature authorizes the Department of Agriculture and Consumer Services to take any action deemed necessary for purposes of mediation, investigation or enforcement. I understand that the Department does not give legal advice, and cannot take legal action for me. I am filing this complaint to notify the Department of the activities of this business/ individual and to seek any assistance available. I ACKNOWLEDGE THAT I AM AWARE THAT THE PERSON/ BUSINESS WHICH I AM COMPLAINING AGAINST WILL RECEIVE A COPY OF THIS COMPLAINT.

Signature: _____

Date: _____