

Florida Consumer Collection Practices Act

COMPLAINT FORM

We welcome hearing from you because your complaint may be the one that alerts us to fraud or an unfair practice in the financial industry that needs to be changed. Often it is only through complaints from concerned and responsible citizens that the Office of Financial Regulation becomes aware of unlawful activity. Your complaint will be analyzed, entered into a database and may help OFR detect a pattern of wrong-doing which may indicate the need for formal investigation or action by OFR to protect the broad public interest.

Under Florida law, OFR is charged with enforcing financial regulations and does not intervene on behalf of individuals or mediate private disputes. If your purpose in filing a complaint is to recover money or property, we suggest that you consider arbitration, mediation or the courts. Private rights of action pursuant to arbitration and civil proceedings may have certain filing timeframes. You should consider consulting legal counsel prior to or concurrent with our review. Private causes of action effectively deter abuses and complement the regulatory actions of OFR as well as other regulatory bodies.

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. Under penalty of perjury pursuant to Section 837.06, Florida Statutes, I declare the following facts are true, correct, and complete. Section 837.06, Florida Statutes, states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Date	Signature	

Please send completed form to: Office of Financial Regulation

Division of Finance

Consumer Assistance Group

200 E. Gaines Street

Tallahassee, FL 32399-0381

Tel: (850) 410-9800 Fax: (850) 410-9300

Your name:			
State:	Zip Code:		
Telephone:			
Collection agency na	me:		
	Zip Code:		
	·		
Are you the debtor ir	the matter about which you are complain	ningYes	No
Would you be willing	to testify if this matter goes to a formal he	earing? Yes	No
copies of collection r	COMPLAINT - Include facts, details, dat ecords, correspondence, contracts, and a int. (Use a separate sheet if necessary.	any other documents	s that will help

IN ADDITION TO VOUR COMPL	AINT DETAILS ABOVE DI FASS	IDENTIFY ANY PROUIDITED
PRACTICES YOU BELIEVE MA	LAINT DETAILS ABOVE, PLEASE	EIDENTIFT ANT PROHIBITED
TRACTICES TOO BELIEVE WA	THAVE BEEN VIOLATED.	
☐ The company pretended	☐ The company used or	☐ The company called me at
to be law enforcement or	threatened to use force or	work/communicated with my
another governmental agency	violence [559.72(2)]	employer after being told that I
[559.72(1)]		cannot take personal calls
		[559.72(4)]
☐ The company told	☐ The company fails to send	Abusive/harassing phone
someone else about my debt	me written notice of the debt	calls (includes repeated calls)
[559.72(5)]	[559.72(6)]	[559.72(7)]
Use of profane, obscene,	☐ The company threatened	☐ The company
vulgar, or willfully abusive	to have me arrested and/or	impersonated an attorney or
language [559.72(8)]	have my possessions seized	law office [559.72(10)]
	and/or to take me to court	
	[559.72(9)]	
☐ The company fails to	The company called me	
identify themselves when they	between 9 pm to 8 am (in my	
call me [559.72(15)]	time zone) [559.72(17)]	