

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. I declare the following facts are true, correct, and complete. Section 837.06, F.S., 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 Consumer Finance		
Consumer Assistance Group		
200 E. Gaines Street Tallahassee, FL 32399-0381		
Tel: (850) 410-9800		

Page 1 of 3

Fax: (850) 410-9300

Your name:		 		
Address:				
City:				
State:	Zip Code:			
Telephone:				
Collection agency r	name:			
Address:				
City:	Zin Codo:			
Telephone				
relepriorie				
Are you the debtor	in the matter about wh	nich you are complainin	gYes	No
Would you be willing	ng to testify if this matt	er goes to a formal hear	ring? Yes _	No
collection records,	correspondence, cont	e facts, details, dates, lo racts, and any other doo ssary. Do not write on th	cuments that will he	lp support your

IN ADDITION TO YOUR COMPLAINT DETAILS ABOVE, PLEASE IDENTIFY ANY PROHIBITED PRACTICES YOU BELIEVE MAY HAVE BEEN VIOLATED:

☐ The company pretended to be	☐ The company used or threatened	☐ The company called me at
law enforcement or another	to use force or violence [559.72(2)]	work/communicated with my
governmental agency [559.72(1)]		employer after being told that I
		cannot take personal calls
		[559.72(4)]
The company told someone else	☐ The company fails to send me	☐ Abusive/harassing phone calls
about my debt [559.72(5)]	written notice of the debt	(includes repeated calls) [559.72(7)]
	[559.72(6)]	
Use of profane, obscene, vulgar,	☐ The company threatened to have	☐ The company impersonated an
or willfully abusive language	me arrested and/or have my	attorney or law office [559.72(10)]
[559.72(8)]	possessions seized and/or to take me	
	to court [559.72(9)]	
☐ The company fails to identify	☐ The company called me between	Other
themselves when they call me	9 pm to 8 am (in my time zone)	
[559.72(15)]	[559.72(17)]	