

Florida Consumer Collection Practices Act COMPLAINT FORM

Please carefully review this complaint form once you have included all information. Notice that there is a requirement for you to execute the oath at the end of this form and that the oath must be administered by a notary public or any officer authorized to administer oaths in your jurisdiction. False statement may subject you to civil or criminal liability

Your name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____

Collection agency name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____

Are you the debtor in the matter about which you are complaining ____ Yes ____ No
What subsection(s) of s. 559.72, Florida Statutes, do you believe have been violated? _____

If you know, please state the name(s) of the individual(s), employed with the collection agency, with whom you spoke or communicated about your debt: _____

DESCRIBE YOUR COMPLAINT [PROVIDE DATES AND FACTS OF ALLEGED MISCONDUCT]
(Use a separate sheet if necessary. Do not write on the back of this form)

Under penalty of perjury, I declare the foregoing facts are true, correct and complete.

Signature _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public _____

(Type or print name) _____

Commission Number _____

RETURN TO



Office of Financial Regulation
Division of Finance
Consumer Complaint Section
200 E. Gaines Street
Tallahassee, FL 32399-0381
(850) 410-9961