



STATE OF FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Financial Institutions

COMPLAINT

Please utilize this form if you suspect that your financial institution has acted in violation of Section 655.0323(2), Florida Statutes. For all other complaints, please utilize the standard consumer complaint form available at <https://www.flofr.gov/sitePages/fileacomplaint.htm>. Please attach any supporting documents and additional pages as necessary.

Date:	
Name of Complainant:	
Address of Complainant:	
Email Address of Complainant:	
Daytime Phone:	()
Name of Financial Institution:	
Address of Financial Institution:	
Date of Alleged Violation:	
Description of Alleged Violation and Supporting Facts:	