

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 32399-0370
Tel: (850) 487-9687
Fax: (850) 410-9663

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

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