



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**MOTOR VEHICLE REPAIR
CONSUMER COMPLAINT FORM**

s. 570.544(4), Florida Statutes

Please return completed complaint form to:

FDACS
Mediation & Enforcement
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

www.800helpfla.com

1-800-HELP-FLA (435-7352) FL Only
(850) 410-3800 Calling from Outside FL

This information **MUST** be provided for the department to mediate your complaint, as we correspond via U.S. mail. Incomplete forms **CANNOT** be processed. PLEASE WRITE LEGIBLY. **Only one business per complaint form.**

Person Making Complaint:

☐ ☐ ☐

Ms. / Mrs. / Mr.

Last Name, First Name, Middle Initial

Mailing Address

City, State, Zip Code, Country

Home and Business Phone, including Area Code

Email Address

Complaint is Against:

Name of Business

Mailing Address

City, State, Zip Code

Business Phone, including Area Code

Business Email and/or Web Address

☐ Please check if you would like to receive our Florida Consumer E-Newsletter. Our newsletter provides monthly consumer tips and information and is distributed by email.

Because certain age groups enjoy specific protections under the law, please select the box next to your age group:

☐ Under 25 ☐ 25 – 35 ☐ 36 – 45 ☐ 46 – 55 ☐ Over 55

Are you retained an attorney? ☐ Yes ☐ No

If yes, you should rely on the advice of your attorney.

Have you filed suit in court? ☐ Yes ☐ No

Year, make and type of vehicle involved: _____ Amount Paid: \$ _____

Refund or Restitution Amount You Are Requesting: \$ _____

Date of Repair: _____ Specify repair: _____
(Example: Transmission/Engine/Brakes/Electrical/Collision/AC/Other)

Did you receive a copy of the written estimate before the work was performed? ☐ Yes ☐ No

Were the repairs the same ones you authorized? ☐ Yes ☐ No

Did you authorize any changes to the original estimate? ☐ Yes ☐ No

PLEASE ATTACH COPIES, DO NOT SEND ORIGINALS

- All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, F.S.
- Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082, 775.083, or 837.06, F.S.

Please explain your complaint. Attach additional sheets if necessary.

****What would satisfy your complaint?**

****The department cannot require businesses to take a particular action such as repairing or replacing a product, or refunding money. The department may act as a mediator to attempt dispute resolutions; however, on occasion, the only recourse is to seek legal remedy through the court system.**

My signature authorizes the Florida Department of Agriculture and Consumer Services to take any action deemed necessary for purposes of mediation, investigation or enforcement. I understand that the department does not give legal advice, and cannot take legal action for me. I am filing this complaint to notify the department of the activities of this business/ individual and to seek any assistance available. I ACKNOWLEDGE THAT I AM AWARE THAT THE PERSON/ BUSINESS WHICH I AM COMPLAINING AGAINST WILL RECEIVE A COPY OF THIS COMPLAINT.

Signature: _____

Date: _____

- ☐ I am filing this complaint for information purposes only and DO NOT want mediation assistance.
- ☐ My personal information is exempt from public records disclosure because I am a sworn law enforcement officer, judge, or other individual *specifically* exempted by s. 119.071(4), F.S.