

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Uniform Complaint Form Instructions

Pursuant to Section [455.225](#), Florida Statutes, a complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the Department, or of any rule adopted by the Department or a regulatory board in the Department, has occurred. The Department may investigate, and the Department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion.

Please provide all relevant documentation that supports your complaint with this form. No investigation of your complaint can begin until you provide all relevant information and documentation to the Department. Failure to provide this information may result in further requests for information and delay the investigation of your complaint.

Relevant documentation includes, but is not limited to, copies of the following, as applicable:

- Contracts/ Proposals
- Invoices
- Proof of Payment
- Advertisements
- Correspondence
- Authorization for Release of Patient Information Form (Vets)
- Community Association Manager (CAM) Meeting Minutes
- Management Contract (CAM)
- Covenants and By-laws (CAM)
- Building Permit (Electrical and Construction)
- Lien(s) (Electrical and Construction)

Please send legible copies of your supporting documents. We are unable to return original documents to you.

Should additional documentation be requested and not received by this Department within 30 days of the request, the file may be closed.

If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.

Pursuant to [Chapter 455](#), Florida Statutes, the complaint and all information obtained pursuant to the investigation by the Department are confidential and exempt from public records requests until 10 days after probable cause is found to exist, or until the subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. However, the exemption does not apply to actions against unlicensed persons or unless otherwise provided by law.

Investigations differ in complexity and duration, so providing a time of completion is not possible. We appreciate your cooperation and understanding in this matter.

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Please submit to the appropriate address on Page 4.

Any investigation or administrative proceeding brought by the Department against the subject of your complaint will rely upon the information you provide to the Department. All allegations and supporting documentation MUST be provided to the Department at this time.

[illegible]

Attach additional sheets as necessary.

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Please mail the completed Uniform Complaint Form to the appropriate address below:

Board of Accountancy
240 N.W. 76th Drive, Suite A
Gainesville, Florida 32607

Division of Real Estate
400 Robinson Street
Orlando, Florida 32801

For the following professions:

Asbestos Contractors and Consultants
Athlete Agent
Auctioneers
Barbers
Boxing, Kick Boxing and Mixed Martial Arts
Building Code Administrators & Inspectors
Child Labor
Community Association Managers and Firms
Construction Industry
Cosmetology
Electrical Contractors
Employee Leasing Companies
Farm Labor
Geologists
Harbor Pilots
Home Inspectors
Labor Organizations
Landscape Architecture
Mold-Related Services
Talent Agencies
Veterinary Medicine

**Please mail the completed Uniform Complaint form
to:** Department of Business and Professional
Regulation
Division of Regulation/Compliance -Consumer
Services
1940 North Monroe Street
Tallahassee, Florida 32399-0782

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**Note: This form must be submitted with
DBPR 0070 Uniform Complaint Form**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

STATUTORY DEFINITION OF COMMUNITY ASSOCIATIONS
Name of Association
Address of Association
1. Is this a residential homeowner's association in which membership in the association is a condition of ownership of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the association authorized to impose a fee which may become a lien against a unit if not paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the total number of units within the association?
PERFORMING AS A COMMUNITY ASSOCIATION MANAGER (CAM)
Name of the Subject
Is the Subject employed by one or more associations or by a company that provides services to one or more associations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many associations are involved?
Name of association(s) and/or company
Total number of units in all associations
Does the Subject receive compensation (for instance, a salary, reduction in rent or fees, free rent, or any other benefits) for his or her services? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the total dollar amount of the association's annual budget(s)?

SPECIFIC DUTIES		
Does the Subject have the authority to control or disburse association funds, for instance:		
a.	Does the Subject receive funds from unit owners either by check or cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	What does the Subject do with the funds: write receipts, make bank deposits?	
c.	Does the Subject post funds to the accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does the Subject have the authority to sign checks and does the Subject sign the checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does the association maintain a petty cash fund and is the Subject authorized to spend petty cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does the Subject have the authority to make changes in the association accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does the Subject work directly for a licensed CAM or is he/she a licensed CAM? If yes, what is the name and license number of the CAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Subject incur charges on association accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who approves invoices for payment (work completed, supplies delivered)? (Name and Address)		
Does the Subject have input regarding the monthly or yearly financial statements? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject have input in preparing the annual budget? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject determine when or how to provide notice of association meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Subject conduct the association meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Subject coordinate the overall operation of the association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Subject supervise other association employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who do unit owners notify with maintenance problems?		
Is the Subject a registered agent for the association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Subject perform clerical functions under the direct supervision and control of a licensed CAM?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name and license number of the CAM?		
Does the Subject perform only maintenance services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION (attach additional pages if needed):		
I certify the above is true and correct to the best of my knowledge and belief.		
_____		_____
(Signature)		(Date)

(Print Full Name)		