



Lawson Lamar
State Attorney

Orange County
Consumer Fraud Unit

415 North Orange Avenue
Post Office Box 1673
Orlando, Florida 32802
407-836-2490



Richard T. Crotty
Orange County
Mayor

Carlos J. Morales
Consumer Investigator
Supervisor

Dear Consumer

Thank you for contacting us. We are enclosing a complaint form for you to complete and return to us. To prevent delay in the processing of your complaint, please make sure to enclose copies of all documents or papers that apply to your dispute.

Our office will evaluate your complaint to determine whether we have authority to take action in the matter and you will be notified if we need any additional information. We reserve the right to forward your case to other agencies which may have direct regulatory responsibility over the business/industry for which you are submitting a complaint.

By law, we cannot require a business to resolve your dispute. Our goal with mediation is to encourage informal solutions to consumer disputes. To that end, we will make the business aware of your dispute and attempt to mediate a solution whenever possible.

We cannot act as your private attorney. Our investigators are not attorneys and cannot give legal advice or opinions. If you feel you need legal advice, you will need to consult with a private attorney, legal aid society or other organizations.

Sincerely,

Orange County
Consumer Fraud Unit

Important: 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 s. 775.082, s. 775.083 or s. 837.06, Florida Statutes.

CASE NO: _____

Orange County, Florida - Board of County Commissioners
Consumer vs. Business Complaint Form

Mail completed form and all attachments (receipts, contracts, etc.) to:

Orange County Consumer Fraud
P.O. Box 1673
415 N Orange Avenue
Orlando, FL 32802
(Please print or type)

PH: 407-836-2490
Fax: 407-836-1210

Your name: _____

Your mailing address: _____

City: _____ State: _____ Zip code: _____

Day time phone: (____) _____ Alternate phone: (____) _____

Your e-mail address: _____

WOULD YOU LIKE TO RECEIVE OUR QUARTERLY E-NEWSLETTER? _____

Business or Person Complaint is Against:

Name: _____

Mailing address: _____

Physical address if different: _____ [] Same

City: _____ State: _____ Zip code: _____

Contact person: _____

Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____ Website: _____

Dispute Information:

Date of transaction: _____ Dollar amount in dispute (if applicable): _____

Have you contacted the business/person about this dispute? _____

Did you sign a contract, lease or other document? _____

What other agencies/organizations have you contacted for assistance and what was the outcome? _____

What type of dispute resolution would you consider being mutually fair? _____

PLEASE READ THE FOLLOWING DISCLOSURE STATEMENT

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 s. 775.082, s.775.083 or s.837.06, Florida Statutes.

All documents and attachments submitted with this dispute are subject to public inspection pursuant to Chapter 119, Florida Statutes. **Please do not include Social Security numbers, bank/credit card account numbers or medical records with your information (unless specifically requested).** If we begin an investigation, a copy of your complaint will be mailed to the person or business you are complaining about unless you indicate otherwise.

____ I am filing this complaint for information only. I understand that no investigation will be initiated - do not forward it to business.

I hereby certify that I have read this disclosure statement and that the information submitted on this complaint form and in the attached documents are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Your age category:

Under 20 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

What we do: The Orange County Consumer Fraud Unit is tasked with the investigation of consumer complaints. In this capacity we provide two basic services for consumers. First, we attempt to mediate consumer complaints through informal contact with the parties involved. Secondly, we investigate complaints to gather evidence of violations of Florida Statutes for criminal prosecution by the State Attorney's Office.

If you have a dispute: Please be sure you have made an effort to resolve the matter by dealing directly with the manager or owner of the business. If you have exhausted all attempts to resolve the matter, complete this form and return it to our office. We are not attorneys and cannot represent you legally. We will contact the business and notify you of our findings.

Orange County Consumer Fraud Unit

www.orangecountyfl.net

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P.O. Box 1673

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PH: (407) 836-2490 FAX: (407) 836-1210

Email: fraudhelp@sao9.org