



Florida Department of Agriculture and Consumer Services  
Division of Fruit and Vegetables

**COMPLAINT FORM**

**WILTON SIMPSON  
COMMISSIONER**

Citrus License and Bond  
170 Century Blvd. Bartow, Florida 33830  
(863) 578-1900 Fax (863) 578-1901

**USE THIS FORM ONLY IF YOU ARE THE GROWER OR A GROWERS COOPERATIVE  
FOR THE CITRUS PRODUCT(S) INVOLVED:**

1. Complaint: \_\_\_\_\_ d/b/a \_\_\_\_\_  
(Grower/Co-op) (Individual, Partner, Corp., Co-op)

2. Mailing Address: \_\_\_\_\_  
Street City State Zip Telephone

3. Respondent: \_\_\_\_\_ d/b/a \_\_\_\_\_  
(Dealer) (Individual, Partner, Corp., Co-op)

4. Mailing Address: \_\_\_\_\_  
Street City State Zip Telephone

5. Co-Respondent: \_\_\_\_\_, as Surety for Respondent.  
(Surety)

6. Address: \_\_\_\_\_  
Street City State Zip Telephone

7. STATE OF \_\_\_\_\_

8. COUNTY OF \_\_\_\_\_

9. Before me, personally appeared \_\_\_\_\_ for Complainant who being duly sworn, deposes and says that the Respondent named above is justly indebted to said Complainant for Florida-grown citrus products described below by said Complainant and sold to said Respondent during the 20\_\_-20\_\_ citrus shipping season. During that season, the dealer failed to truly and correctly account for citrus product(s) and make full payment properly therefore to the undersigned as required by Section 601.64 (4), Florida Statutes. **Complainant further certifies that they are the producers of the citrus product(s) being complained of herein.**

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<u>10. No. of Boxes</u>	<u>Variety</u>		<u>Price (Box/Lb.)</u>	<u>Total</u>
_____	Grapefruit	@	\$ _____	\$ _____
_____	Oranges	@	\$ _____	\$ _____
_____		@	\$ _____	\$ _____
	TOTAL PURCHASE PRICE			\$ _____
	LESS HARVESTING, MUTUAL, TAXES, ETC.			\$ _____
	LESS AMOUNT RECEIVED			\$ _____
	NET AMOUNT OF CLAIM (BALANCE NOW DUE)			\$ _____

11. The citrus product(s) described herein was produced on citrus groves owned by \_\_\_\_\_, located in \_\_\_\_\_ County, Florida.
12. Complainant was \_\_\_ (or) was not \_\_\_ a licensed citrus fruit dealer during the season, and the citrus in question was \_\_\_ (or) was not \_\_\_ grown or produced on citrus groves owned or controlled by the Complainant.
13. There was a written/oral (Please circle only one) contract entered into between the Complainant and the Respondent on \_\_\_\_\_, 20\_\_. If a written contract was executed, a copy of same is attached. If no written contract was entered, a separate writing attached to this complaint sets forth a summary of the terms of the oral contract between the parties.
14. The citrus described in Item (11) herein, for which Complainant's claim is being made, was harvested during the period beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_.
15. Please make a statement outlining the various steps in the transaction(s), including efforts of complainant to reach a settlement.

(CONTINUE ON SEPARATE PAGE IF NECESSARY)

16. In support of this complaint, hereto attached is the following documentary evidence:

Invoices\_\_ Trip Tickets\_\_ Inspection Certificates\_\_ Manifests\_\_ Shipping Order\_\_ Other\_\_

17. **I, the undersigned, hereby attest that the Complainant does \_\_\_\_\_ does not \_\_\_\_\_ have any civil litigation pending against the Respondent involving the citrus product(s) complained of herein which would preclude the Department from processing this complaint. To my knowledge, the Respondent is \_\_\_\_\_ is not \_\_\_\_\_ involved in a bankruptcy proceeding.**

18. Respondent: \_\_\_\_\_ d/b/a \_\_\_\_\_  
(Complainant, Individual, Partners, Corp., Co-op.)

19. BY: \_\_\_\_\_  
(Individual, Partner, Officer)  
TITLE: \_\_\_\_\_  
(Owner or Officer of Corp.)

20. Sworn to and subscribed before me ( ) Personally Known  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_. ( ) Produced Identification  
\_\_\_\_\_  
Notary Public TYPE: \_\_\_\_\_

My Commission Expires:

Important Note: In order to process your complaint and disburse funds pursuant to Section 601.66, Florida Statutes, the State of Florida, Department of Financial Services has advised us that a Taxpayer Identification Number is required. Please fill out the attached W-9, Request for Taxpayer Identification Number and Certification and return it with your complaint form. Mail your completed submission to:

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Office of Citrus License and Bond  
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