

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**NICOLE "NIKKI" FRIED**  
**COMMISSIONER**

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
COMPLAINT FORM**

Section 472.033(1)(a), Florida Statutes  
Rule 5J-17.010, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Please forward to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**Do you wish to file your complaint anonymously?**     Yes\*     No     Unknown

*\* If yes, please do not complete the information below under "Person Making Complaint." However, please understand that if you file your complaint anonymously, the Department may be unable to contact you to obtain additional information from you that is critical to the full investigation of your case. Also, the Department may be unable to provide you with information regarding your complaint if you attempt to request it at a later date.*

Person Making Complaint
<b>Name of Person Making Complaint</b>
<b>Company / Occupation</b>
<b>Mailing Address</b>
<b>City, State, Zip Code and Country</b>
<b>Home and Business Phone, including Area Code</b>
<b>Email Address</b>

Complaint is Against
<b>Name of Business</b>
<b>Mailing Address</b>
<b>City, State, Zip Code</b>
<b>Business Phone, including Area Code</b>
<b>Business Email</b>
<b>Web Address</b>

Witness Information
<b>Name of Witness</b>
<b>Company / Occupation</b>
<b>Mailing Address</b>
<b>City, State, Zip Code and Country</b>
<b>Home and Business Phone, including Area Code</b>
<b>Email Address</b>

Complainant's Attorney Information <i>(if applicable)</i>
<b>Name of Attorney</b>
<b>Mailing Address</b>
<b>City, State, Zip Code</b>
<b>Business Phone, including Area Code</b>
<b>Business Email</b>
<b>Web Address</b>

**Is this an unlicensed activity complaint?**     Yes     No     Unknown

**Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents?**     Yes     No

**PLEASE ATTACH COPIES, DO NOT SEND ORIGINALS.**

Please explain your complaint. Attach additional sheets if necessary.

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, F.S.

**My signature authorizes the 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:** \_\_\_\_\_