



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**FLORIDA DO NOT CALL  
COMPLAINT FORM**

Section 501.059, Florida Statutes  
Rule 5J-5.002, Florida Administrative Code

Please Send Complaint Form to:

FDACS  
Division of Consumer Services  
Mediation and Enforcement  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

[www.FloridaConsumerHelp.com](http://www.FloridaConsumerHelp.com)  
1-800-HELP-FLA (435-7352)  
(850) 410-3800

**Report Unsolicited Communications**

Provide your phone number that received the call: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Date of Call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Call: \_\_\_\_ : \_\_\_\_  AM  PM

Did you receive a  Phone Call or  Text Message?

How did the call begin?  Live Person  Recorded (Robocall)  Voicemail Transmission  Abandoned/Dead Air

What is the phone number that called/text? ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ or  None

Was this number obtained from Caller ID?  Yes  No

Did you call the number displayed on your Caller ID?  Yes  No

• If yes, did you speak with a representative of the business that called you?  Yes  No

Was a callback number provided?  Yes  No

• If yes, provide the number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Was a product or service offered?  Yes  No

• If yes, what type of product or service? \_\_\_\_\_

Was a company name provided?  Yes  No

• If yes, what is the name of the company? \_\_\_\_\_

Did the caller immediately identify him/herself and the company they represent?  Yes  No

• What is the name provided? \_\_\_\_\_

Have you done business with this company in the past?  Yes  No

• If yes, did you provide express written consent to be contacted by recorded message?  Yes  No

Provide additional relevant details captured or provided during call:

**How may we reach you?**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**STATEMENT:**

I acknowledge that the information I provide with my complaint may be a matter of public record, if not considered exempt, is truthful and accurate to the best of my ability.  Yes  No

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_