



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**MOTOR VEHICLE REPAIR  
CONSUMER COMPLAINT FORM**

s. 570.544(4), Florida Statutes

**Please return completed complaint form to:**

FDACS  
Mediation & Enforcement  
2005 Apalachee Parkway  
Tallahassee, Florida 32399-6500

www.FloridaConsumerHelp.com  
1-800-HELP-FLA (435-7352)  
(850) 410-3800

Please complete this form in its entirety and provide as much information as possible. Only one business per complaint form. Write legibly. (The information on this complaint form may be subject to public inspection pursuant to Chapter 119, F.S.)

**Person Making Complaint:**

**Complaint is Against:**

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code, Country

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home and Business Phone, including Area Code

\_\_\_\_\_  
Business Phone, including Area Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Business Email and/or Web Address

☐ Please check if you would like to receive our Florida Consumer E-Newsletter. Our newsletter provides monthly consumer tips and information and is distributed by email.

**Optional: Please select the box(es) that apply to you:**

**AGE** ☐ 60 or older

**MILITARY STATUS**

☐ Active Military ☐ Veteran

**Have you retained an attorney?** ☐ Yes ☐ No

*If yes, you should rely on the advice of your attorney.*

**Have you filed suit in court?** ☐ Yes ☐ No

**Year, make and type of vehicle involved:** \_\_\_\_\_ **Amount Paid: \$** \_\_\_\_\_

**Refund or Restitution Amount You Are Requesting: \$** \_\_\_\_\_

**Date of Repair:** \_\_\_\_\_ **Specify repair:** \_\_\_\_\_  
(Example: Transmission/Engine/Brakes/Electrical/Collision/AC/Other)

**Did you receive a copy of the written estimate before the work was performed?** ☐ Yes ☐ No

**Were the repairs the same ones you authorized?** ☐ Yes ☐ No

**Did you authorize any changes to the original estimate?** ☐ Yes ☐ No

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

- Documents and attachments submitted with this complaint may be subject to public inspection pursuant to Chapter 119, F.S.

- 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 Section 775.082, 775.083, or 837.06, F.S.

**Please explain your complaint. Attach additional sheets if necessary.**

**\*\*What would satisfy your complaint?**

**\*\*The department cannot require businesses to take a particular action such as repairing or replacing a product, or refunding money. The department may act as a mediator to attempt dispute resolutions; however, on occasion, the only recourse is to seek legal remedy through the court system.**

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

☐ **I am filing this complaint for information purposes only and DO NOT want mediation assistance.**