## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### **Uniform Complaint Form Instructions**

Pursuant to Section 455.225, Florida Statutes, a complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the Department, or of any rule adopted by the Department or a regulatory board in the Department, has occurred. The Department may investigate, and the Department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion.

Please provide all relevant documentation that supports your complaint with this form. No investigation of your complaint can begin until you provide all relevant information and documentation to the Department. Failure to provide this information may result in further requests for information and delay the investigation of your complaint.

Relevant documentation includes, but is not limited to, copies of the following, as applicable:

- Contracts/ Proposals
- Invoices
- Proof of Payment
- Advertisements
- Correspondence
- Authorization for Release of Patient Information Form (Vets)

- Community Association Manager (CAM) Meeting Minutes
- Management Contract (CAM)
- Covenants and By-laws (CAM)
- Building Permit (Electrical and Construction)
- Lien(s) (Electrical and Construction)

Please send legible copies of your supporting documents. We are unable to return original documents to you.

Should additional documentation be requested and not received by this Department within 30 days of the request, the file may be closed.

If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.

Pursuant to Chapter 455, Florida Statutes, the complaint and all information obtained pursuant to the investigation by the Department are confidential and exempt from public records requests until 10 days after probable cause is found to exist, or until the subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. However, the exemption does not apply to actions against unlicensed persons or unless otherwise provided by law.

Investigations differ in complexity and duration, so providing a time of completion is not possible. We appreciate your cooperation and understanding in this matter.

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Please submit to the appropriate address on Page 4.

Any investigation or administrative proceeding brought by the Department against the subject of your complaint will rely upon the information you provide to the Department. All allegations and supporting documentation  $\underline{\text{MUST}}$  be provided to the Department at this time.

COMPLAINANT INFORMATION						
Last Name	First		Middle	Title	Suffix	
Your Company/Occupation						
	MAILING A	ADDRE	SS			
Street Address or P.O. Box					,	
City			State	Zip Code (	+4 optional)	
County (if Florida address)		Count				
	CONTACT IN	IFORMA	ATION			
Primary Phone Number		Alterna	ate Phone Number			
Primary E-Mail Address						
Unlicensed Activity Complaint? Yes	No		Unknown			
	COMPLAINT [	DESCR	IPTION			
					. 11	
					=	
					*	
					1	

Attach additional sheets as necessary.

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)						
Last Name	First	Middle	Title	Suffix		
	ADDRE	-55				
Street Address or P.O. Box						
			-			
City		State	Zip Code	(+4 optional)		
County (if Florida address)		Country				
CONTACT INFORMATION						
Primary Phone Number		Alternate Phone Number				
	THE RESIDENCE OF THE PARTY OF T	Signature and transfer death of the state of	A CONTRACTOR OF THE PARTY OF TH	to be a series to be a series of the series		

SUBJECT OF COMPLAINT						
Last Name	First		Middle	Title	Suffix	
License Number (if known)						
Company/Occupation						
	MAILING A	DDRES	S			
Street Address or P.O. Box						
			Ctoto	Zip Code (+4 d	antional)	
City			State	Zip Code (*4 (		
County (if Florida address)		Country				
CONTACT INFORMATION						
Primary Phone Number	Primary E-Mail A	Address				
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)						
Street Address						
City			State	Zip Code (+4	optional)	
County (if Florida address)		Countr	У			

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)						
Last Name	First	Middle	Title	Suffix		
<b>国生工作的</b> 意识是多数是	ADDRE	SS				
Street Address or P.O. Box						
0.4		State	Zin Code (	(+4 optional)		
City		State	Zip Gode (	( + optional)		
County (if Florida address)	(	Country				
County (ii r ionida didaroto)		•				
CONTACT INFORMATION						
Primary Phone Number	A	Alternate Phone Number				

Rev 07/2011 Page 3 of 5

	WITNESS (I	F APPLIC	ABLE)					
Last Name	First		Middle	Title	Suffix			
	AD	DRESS						
Street Address or P.O. Box								
			Chaha	Zin Codo	(+4 optional)			
City			State	Zip Code	(+4 optional)			
County (if Florida address)		Country						
	CONTACT INFORMATION							
Primary Phone Number		Alternate Phone Number						
	WITNESS (	IE ADDI IC	ARIE)					
Last Name	First	IF AFFLIC	Middle	Title	Suffix			
	۸۵	DDECC						
ADDRESS Street Address or P.O. Box								
Olicot / tadicoo oi 1 : o : Dox								
City			State	Zip Code	(+4 optional)			
County (if Florida address)		Count	Country					
, , , , , , , , , , , , , , , , , , , ,	CONTACT							
Primary Phone Number	CONTACT	T INFORMATION Alternate Phone Number						
Trimary Phone Number		7						
					4 - 6			
I affirm that I have provided the knowledge.	e above informa	tion comp	letely and truth	itully to the be	est of my			
Complainant Sign Here:				Date:				

Rev 07/2011

## Please mail the completed Uniform Complaint Form to the appropriate address below:

Board of Accountancy 240 N.W. 76<sup>th</sup> Drive, Suite A Gainesville, Florida 32607 Division of Real Estate 400 Robinson Street Orlando, Florida 32801

### For the following professions:

Veterinary Medicine

Architecture & Interior Design Asbestos Contractors and Consultants Athlete Agent Auctioneers Barbers Boxing, Kick Boxing and Mixed Martial Arts Building Code Administrators & Inspectors Child Labor Community Association Managers and Firms Construction Industry Cosmetology **Electrical Contractors Employee Leasing Companies** Farm Labor Geologists Harbor Pilots Home Inspectors **Labor Organizations** Landscape Architecture Mold-Related Services **Talent Agencies** 

## Please mail the completed Uniform Complaint form

to: Department of Business and Professional Regulation Division of Regulation/Compliance -Consumer Services 1940 North Monroe Street Tallahassee, Florida 32399-0782

Page 5 of 5