



## Consumer Complaint Affidavit

\*required information

### Consumer's Contact Information

\*Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_ Suite/Apt. #: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Daytime No: \_\_\_\_\_ Home No: \_\_\_\_\_  
Cell No: \_\_\_\_\_ \*E-Mail: \_\_\_\_\_  
Have you engaged an Attorney?\* Yes \_\_\_ No \_\_\_  
Have you filed this complaint with another agency?\* Yes \_\_\_ No \_\_\_  
If yes, name of agency: \_\_\_\_\_

Help us – Help YOU: to provide the best possible service for consumers in Miami-Dade County, please complete the following:

Your age category:  Under 20  20-29  30-39  40-49  50-59  
 60-69  70-79  80-89  90+

### Company Information

Company Name:\* \_\_\_\_\_  
Address:\* \_\_\_\_\_  
City:\* \_\_\_\_\_ State:\* \_\_\_\_\_ Zip Code:\* \_\_\_\_\_  
Telephone #:\* \_\_\_\_\_ Extension:\* \_\_\_\_\_  
Web URL: \_\_\_\_\_ Company's Email: \_\_\_\_\_  
Name of person you spoke to at the company: \_\_\_\_\_

### Other Information

If this is a motor vehicle repair or towing/booting complaint please state:

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

### State Your Experience Briefly

## How Would You Like Your Complaint Resolved?

Amount Paid: \_\_\_\_\_

By submitting this complaint affidavit, I understand that 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 Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

By submitting this complaint affidavit I declare, under penalties of perjury, that I have read the foregoing complaint affidavit, that the facts stated in it are true and that any supporting documentation I submit will be copies of genuine documents.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

By submitting this complaint affidavit, I understand my complaint is a public record and that a copy of this complaint will be sent to the merchant for their response.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Complainants must sign and date acknowledging each of the mandatory disclaimers noted above. You may either print, sign, date, scan, and email the executed complaint affidavit to [consumer@miamidade.gov](mailto:consumer@miamidade.gov), or e-sign as follows: 1) type /s/ at the beginning of each signature block; 2) type your full name and date in each signature block; and 3) save the executed complaint affidavit and submit by email (as a pdf attachment to [consumer@miamidade.gov](mailto:consumer@miamidade.gov)). If you e-sign, your signature should look like the following: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes