

**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.

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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 **MUST** be provided to the Department at this time.

| COMPLAINANT INFORMATION | | | | |
|--|-------|------------------------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| Your Company/Occupation | | | | |
| MAILING ADDRESS | | | | |
| 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 | | |
| Primary E-Mail Address | | | | |
| Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | |
| COMPLAINT DESCRIPTION | | | | |
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Attach additional sheets as necessary.

| PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE) | | | | |
|--|-------|------------------------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| ADDRESS | | | | |
| 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 | | |

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

| PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE) | | | | |
|---|-------|------------------------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| ADDRESS | | | | |
| 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 | | |

| WITNESS (IF APPLICABLE) | | | | |
|-----------------------------|-------|------------------------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| ADDRESS | | | | |
| 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 | | |

| WITNESS (IF APPLICABLE) | | | | |
|-----------------------------|-------|------------------------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| ADDRESS | | | | |
| 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 | | |

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

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

Board of Accountancy
240 N.W. 76th Drive, Suite A
Gainesville, Florida 32607

Division of Real Estate
400 Robinson Street
Orlando, Florida 32801

For the following professions:

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
Veterinary Medicine

Please mail the completed Uniform Complaint form

to: Department of Business and Professional
Regulation
Division of Regulation/Compliance -Consumer
Services
2601 Blair Stone Road
Tallahassee, Florida 32399-0782

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
2601 Blair Stone Road
Tallahassee, FL 32399-0783**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

| AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION | | |
|---|--|-----------------------|
| <p>To: Any and all treating veterinarians or facilities</p> <p>This document authorizes any and all licensed veterinarians, hospitals, clinics, laboratories, medical attendants and other persons who have participated in providing any care or service for me, to discuss any communications (whether confidential or privileged) and to provide complete patient reports and records justifying the course of treatment to the Department of Business and Professional Regulation (or any official representative of the department) pursuant to Section 455.243, Florida Statutes.</p> <p>The information may include, but is not limited to: patient histories, x-rays, examinations and test results, reports or information prepared by other persons that may be in your possession, and all financial records. This document authorizes the loan of any of the aforementioned reports and information to the Department of Business and Professional Regulation (or any official of the department) for reproduction, investigation or other use.</p> <p style="text-align: center;">A photocopy of this document is as sufficient as the original.</p> | | |
| <p>_____ Patient Name</p> | <p>_____ Animal Type (i.e.) dog, cat, etc.</p> | <p>_____ Date</p> |
| <p>_____ Authorized Person</p> | <p>_____ Relationship</p> | |
| NOTARIZATION | | |
| <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Before me, personally appeared _____ whose identity is known to me by (type of identification) and who acknowledges that his/her signature appears above.</p> <p>Sworn to or affirmed by Respondent before me this _____ day of _____, 20____ .</p> | | |
| <p>_____ Notary Public-State of Florida</p> | <p>_____ My Commission Expires</p> | |
| <p>_____ Type or Print Name</p> | | |
| <p>_____ Witness Signature (if not notarized)</p> | | |

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

www.myflorida.com/dbpr