



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

Please submit to appropriate address on Page 4

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		Primary E-Mail Address		
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
COMPLAINT DESCRIPTION				

Attach additional sheets as necessary.

CONTACT PERSON (IF OTHER THAN YOURSELF)				
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		Primary E-Mail Address		

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 address below to which it pertains:**

Engineer's Board  
2507 Callaway Road, Suite 200  
Tallahassee, Florida 32303

Land Sales, Condos and Mobile Homes  
1940 North Monroe Street  
Tallahassee, Florida 32399-1031

Division of Hotels and Restaurants  
1940 North Monroe Street  
Tallahassee, Florida 32399-1012

Division of Real Estate  
400 West Robinson Street  
Suite N801  
Orlando, Florida 32801-1757

Division of Pari-Mutuel Wagering  
1940 North Monroe Street  
Tallahassee, Florida 32399-1037

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

**For the following professions:**

Accountancy  
Asbestos Consultants  
Athlete Agent  
Auctioneers  
Barbers'  
Building Code Administrators & Inspectors  
Community Association Managers  
Cosmetology  
Construction Industry Licensing Board  
Electrical Contractors  
Employee Leasing Companies  
Funeral Directors & Embalmers  
Geologists  
Landscape Architecture  
Pilot Commissioners  
Surveyors & Mappers  
Talent Agencies  
Veterinary Medicine