



CUSTOMER INFORMATION

First Name:		Last Name:	
Service Address:			
Telephone/ Cell:		Best time to call:	

COMPLAINT INFORMATION

Date/ time of incident:		Have you filed a previous complaint?	YES	NO
Name of customer service representative (if applicable):				
Nature of complaint. Please describe to the best of your ability the nature of your complaint, describing the events in the order in which they occurred.				

FALSE OFFICIAL STATEMENTS

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 s. 775.082, s.775.083, or s. 775.084, Florida Statutes.

AUTHORIZATION

I authorize you to send a copy of my complaint to the government agency necessary for purposes of mediation, investigation or enforcement. I acknowledge that I am aware that all information I provide with my complaint is a matter of public record and is not considered confidential.

I, _____, on oath or affirmation, state that I have read the foregoing and that it is accurate to the best of my knowledge.

Complainant's signature

Date complaint filed

Please return completed forms to:

*Customer Service Department - 100 Civic Court, Homestead, Florida 33030 Attention: Director of Customer Service
or fax it to 305-224-4839.*