



City of Jacksonville, Florida

Donna Deegan, Mayor
Neighborhoods Department
Office of Consumer Affairs
Ed Ball Building
214 N. Hogan Street, 7th Floor
Jacksonville, FL 32202
(904) 255-7198 fax 904-255-7132
www.coj.net

Before you fill out this form, ensure the following has been completed: Contact the owner, manager or other appropriate person of authority at the business, preferable by Certified Mail. Make certain that you have made a sincere effort to settle your complaint before filling out this form. When submitting this form, include copies of all documents relating to this matter. This includes bills of sale, contracts, warranties, store receipts, letters to the vendor, and any other pertinent information needed for your complaint.

Please note: Processing your complaint will be delayed if the above has not been done.

PERSON MAKING COMPLAINT:

LAST NAME, FIRST NAME

ADDRESS

CITY, STATE, ZIP CODE

() _____
PHONE NUMBER

Have you engaged an attorney?	Yes	No
Have you filed this complaint with another agency?	Yes	No
If yes, Name of Agency: _____		

BUSINESS COMPLAINT INFORMATION:

LAST NAME, FIRST NAME

ADDRESS

CITY, STATE, ZIP CODE

OWNER OR MANAGER'S NAME

() _____
BUSINESS PHONE

VENDOR OR CONTRACTOR NUMBER

PRODUCT OR SERVICE IN DISPUTE

(Please check all that apply)

Right of Way Vending
Illegal Vendor

Deceptive Practices

I Information
Request/Other

Business/Retail Fraud

Did you sign a contract or other similar paper? Yes No If yes, attach a copy of contract.

Was a written warranty or guarantee provided? Yes No If yes, attach a copy of the written warranty or guarantee.

Were you given a work order, invoice, or contract? Response yes No If yes, attach a copy of work order, invoice or contract.

If applicable, what is the dollar amount in dispute? \$ _____

Did you try and resolve this issue with the individual and/or business before filing this complaint? Yes No

If yes, what was the outcome? _____

What would satisfy your complaint? _____
