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| Customer Service Department Customer Complaint Form | | | | | | | |
| **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. | | | | | | | |
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| **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 - 711 NE 1st Road, Homestead, Florida 33030 Attention: Director of Customer Service or fax it to 305-242-6849.* | | | | | | | |

