



DIVISION OF MOTORIST SERVICES COMPLAINT AFFIDAVIT

FOR OFFICIAL USE ONLY

TYPE OF COMPLAINT <input type="checkbox"/> Motor Vehicle Dealer <input type="checkbox"/> Mobile Home Dealer <input type="checkbox"/> Mobile Home Manufacturer <input type="checkbox"/> RV Dealer/Manufacturer <input type="checkbox"/> Odometer Fraud <input type="checkbox"/> Other	Date Opened: _____ Date Closed: _____ Closing Code: _____ Complaint #: _____ Investigator: _____
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COMPLAINANT INFORMATION

Name: _____ Date of Birth: _____ E-mail Address: _____
Address: _____
City/County/State/Zip Code: _____
Home Telephone Number: _____ Work Telephone Number: _____ FAX Number: _____
Driver License/ID Number (In lieu of FL DL/ID, an Out of State/U.S. Territory DL can be used): _____
In lieu of DL or ID, a U.S. or Out of Country Passport can be used : _____

DEALERSHIP INFORMATION

Dealership Name: _____
Address: _____
City/County/State/Zip Code: _____
E-mail Address: _____ FAX Number: _____
Dealer License Number (if known): _____

Salesperson's Name (if known): _____

VEHICLE/MOBILE HOME/INSPECTION INFORMATION

Make/Model/Year: _____ Date Purchased: _____ Date Delivered: _____
Vehicle Identification Number: _____ Tag Number: _____

MOBILE HOME, RECREATIONAL VEHICLE, OR PARK TRAILER INFORMATION
(Complete this section only if a mobile home, recreational vehicle or park trailer is involved in your complaint.)

Name of Manufacturer: _____
Manufacturer's Address: _____
City/County/State/Zip Code: _____
HUD Label (red/silver metal tag on rear of unit): _____
Florida Seal Number if unit is a recreational vehicle or park trailer (by HUD Label or front): _____

