



**DIVISION OF FLORIDA CONDOMINIUMS, TIMESHARES, AND MOBILE HOMES
BUREAU OF COMPLIANCE - TIMESHARE SECTION**

<i>(Office use only)</i>
Date Received

UNIFORM TIMESHARE COMPLAINT FORM

Complaints received by the division must contain sufficient information for the division to determine if the complaint is within our jurisdiction.

YOUR INFORMATION			
Name:			
Address:			
City/State/Zip:		USA or Foreign Country:	
Email:		Home Phone:	
Cellular Phone:		Work Phone:	
THE TIMESHARE ASSOCIATION, DEVELOPER, OR COMPANY YOU ARE COMPLAINING ABOUT			
Name:			
Address:			
City/State/Zip:		USA or Foreign Country:	
Phone:		Website:	
THE TIMESHARE RESORT INVOLVED			
Name:			
Address:			
City/State/Zip:		USA or Foreign Country:	
Contact Person:		Phone:	
When did you buy the timeshare?		Where did you buy the timeshare?	
LEGAL MATTERS			
QUESTIONS:		Yes	No
Is ANY COMPANY or PERSON helping you with this complaint?			
Name:			
Address		City/State/Zip	
Phone		Email	
Do you have an ATTORNEY helping you with this complaint?			
Attorney Name:			
Name of Law Firm:			
Address:		City/State/Zip:	
Phone:		Email:	
Has your Attorney taken any LEGAL ACTION regarding this complaint?			
What Action:		When:	

GENERAL QUESTIONS ABOUT YOUR COMPLAINT

QUESTIONS:	Yes	No
Is your complaint about the timeshare sales presentation and tour taking more than 90 minutes ?		
Is your complaint about not receiving a prize or gift ?		
Is your complaint about sales agent misrepresentations of your timeshare?		
Is your complaint about cancelling your purchase contract?		
Is your complaint about paying a company to buy your timeshare?		
Is your complaint about paying a company to sell your timeshare?		
Is your complaint about paying a company to transfer your timeshare?		
Is your complaint about paying a company to rent your timeshare?		
Is your complaint about the deed to your timeshare?		
Is your complaint about exchanging your timeshare through RCI or Interval International ?		
Is your complaint about reservations to use your timeshare? <i>(Including being denied the use of your timeshare)</i>		
Is your complaint about assessments ? <i>(Including regular or special assessments, delinquent assessments, collection actions)</i>		
Is your complaint about non-assessment financial issues?		
Is your complaint about management of the timeshare project (resort)?		
Is your complaint about maintenance of the timeshare project (resort)?		
Is your complaint about elections ? <i>(Past, current, and/or future elections)</i>		
Is your complaint about access to the books and financial records ?		
Is your complaint about points related to your timeshare?		

ADDITIONAL COMMENTS

*(Please be **BRIEF** and **ONLY** provide **FACTS, DATES, and NAMES** of people involved. If you need more space use the **BACK OF THIS PAGE**)*

REQUIRED DOCUMENTS (DO NOT SEND ANYTHING ELSE)

DOCUMENT:	Yes	No
Included is a copy of your purchase contract ?		
Included is a copy of any other contracts or agreements related to your complaint?		
Included is a copy of emails or letters (received or sent) related to your complaint?		
You will be advised if additional information is needed. An Investigator will call you within 5-10 days of receiving your complaint. In order to address your concerns as quickly as possible, when the investigator calls, please limit your discussion to answering the investigators' questions.		

ACKNOWLEDGEMENT - SIGNATURE

DISCLAIMER AND ACKNOWLEDGEMENT

I request the Division of Florida Land Sales, Condominium, and Mobile Homes to review the violation(s) alleged in my complaint. I certify that my answers are true and complete to the best of my knowledge. I also understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082, 775.083, or 837.06, Florida Statutes. I also understand that Florida has a very broad Public Records law and that this form and all documents submitted related to this complaint are subject to public inspection under Chapter 119, Florida Statutes.

Signature: _____

Date: _____

**Complaints must be submitted in writing to:
DBPR – DFCTMH
Northwood Centre
1940 North Monroe Street
Tallahassee, FL 32399-1032**

Thank you for allowing us to be of service.