

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Uniform Complaint Form (RE 2200) Instructions

All complaints must be submitted in writing to:
**Attention: Consumer Complaints Section
DBPR - Division of Real Estate
400 West Robinson Street, Suite N801
Orlando, FL 32801-1757**

The Division of Real Estate administers the provisions of [Chapter 475](#), Florida Statutes, relating to sales associates, brokers, and real estate appraisers who hold Florida real estate and/or appraisal licenses.

Pursuant to Section [455.225](#), Florida Statutes, a complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department, has occurred. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion.

Please provide all relevant documentation with this complaint form. All relevant documentation includes, but is not limited to, copies of the following:

Sales Contract (Front & Back)
Canceled Checks (Front & Back)
Lease/Rental Agreements (Front & Back)
Listing/Management Agreements (Front & Back)
Closing Statement
Multiple Listing Printout
Appraisals
Repair Bills
Monthly Statements
Correspondence
Agency Disclosure Form
Judgement/Civil Law Suit

Please send legible copies of your supporting documents. We are unable to return original documents to you.

Should additional documentation be requested and not received by this department within thirty (30) days of the request, the file may be closed.

Pursuant to [Chapter 455](#), Florida Statutes, the complaint and all information obtained pursuant to the investigation is confidential until 10 days after probable cause is found to exist. Investigations differ in complexity and duration, so providing a time of completion is not possible. We appreciate your cooperation and understanding in this matter.

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Please submit to address on last page.

TO ENSURE THE PROPER PROCESSING OF YOUR COMPLAINT, PLEASE CHECK THE APPLICABLE BOX:

- UNLICENSED ACTIVITY
- ESCROW DEPOSIT
- PROPERTY MANAGEMENT
- APPRAISAL
- OTHER - _____

COMPLAINANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Your Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
COMPLAINT DESCRIPTION				

CONTACT PERSON (IF OTHER THAN YOURSELF)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Please mail the completed Uniform Complaint Form to the address below:

**Division of Real Estate
400 West Robinson Street
Suite N801
Orlando, Florida 32801**

RE-2200 Uniform Complaint Form