

**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**

*850-487-1395*

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	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>	Title	<input type="text"/>	Suffix	<input type="text"/>				
Your Company/Occupation		<input type="text"/>											
MAILING ADDRESS													
Street Address or P.O. Box		<input type="text"/>											
<input type="text"/>		<input type="text"/>											
City		<input type="text"/>		State		<input type="text"/>		Zip Code (+4 optional)					
County (if Florida address)		<input type="text"/>		Country		<input type="text"/>							
CONTACT INFORMATION													
Primary Phone Number		<input type="text"/>		Primary E-Mail Address		<input type="text"/>							
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