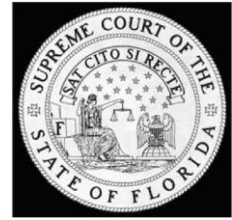




THE TWENTIETH JUDICIAL CIRCUIT OF FLORIDA
 CERTIFIED PROCESS SERVER REVIEW BOARD
 1700 MONROE STREET
 FORT MYERS, FLORIDA 33901
 TEL. (239) 533-1719
 FAX (239) 533-1796



Certified Process Server **COMPLAINT FORM**

Identification information about the process server whom you are complaining:

Name: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: () _____ Cell Phone: () _____

Please set out below (or on additional pages) a detailed statement of the facts and grounds upon which your complaint is based. Include information will be used to apprise the AOC of the matter complained of, including, as appropriate, dates involved and the style of the case. Attach any documents or exhibits supporting your complaint, including written contracts, checks, receipts, etc. Attach a list of names and addresses of any person who can verify the matters upon which your complaint is based.

Date: _____

How may we reach you? *(please feel at liberty to provide as much or little contact information as you prefer)*

Your Name: _____

Your address: _____ City _____ State _____ Zip _____

Phone Number: () _____ Cell Phone: () _____

Email Address: _____