



File#: \_\_\_\_\_

The contact information MUST be provided as we correspond by U.S. mail. Incomplete forms cannot be processed.  
PLEASE WRITE LEGIBLY.

Only one business per complaint form.

Consumer Information		Business or Individual Complaint Is Against	
Name	_____	Name	_____
Address	_____	Address	_____
City	_____	City	_____
State	Zip Code	State	Zip Code
Home Phone	_____	Phone:	_____
Work Phone	_____	Business Contact Person:	_____
Email Address:	_____	Website or Email Address:	_____
Age: <input type="checkbox"/> Under 19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over			

- Initial contact between you and the business:
  - Person came to my home
  - I went to company's place of business
  - I received a telephone call from business
  - I telephoned the business
  - I received information in the mail
  - I responded to radio/television ad
  - I responded to a printed advertisement
  - I responded to a website or email solicitation
  - I responded to a solicitation in a language other than English (what language?) \_\_\_\_\_
  - Other \_\_\_\_\_
- Where did the transaction take place?
  - At home
  - By business
  - By mail
  - Over the phone
  - Over the computer
  - Trade show or hotel
  - Other \_\_\_\_\_
- Date of Transaction: \_\_\_\_\_
- Did you sign a contract?  Yes (please enclose a copy)  No
- Product or Service Involved (if car, new or used): \_\_\_\_\_
- Actual Amount Paid: \_\_\_\_\_  Check  Cash  Credit Card  Loan  Wire Transfer  
 Money Order  Cashier Check  Debit Card  Bank Account Debit
- Have you contacted the business?  Yes  No  
If yes, what action was taken? \_\_\_\_\_
- Have you contacted another agency or organization?  Yes  No  
If yes, name of agency or organization. \_\_\_\_\_
- Have you retained an attorney?  Yes  No Has a lawsuit been filed?  Yes  No

(PLEASE CONTINUE ON OTHER SIDE)

FOR OFFICE USE ONLY

Product/Service \_\_\_\_\_ Send: \_\_\_\_\_ Ref To: \_\_\_\_\_ Comment: \_\_\_\_\_

