INSTRUCTIONS FOR FILING A COMPLAINT

Thank you for contacting the Office of the Attorney General regarding your complaint. Before submitting your complaint, our Division recommends you attempt to remedy or resolve the conflict with the business or entity directly. If you are unable to come to a resolution, you may fill out this form and submit to our office.

Please note that the Advocacy and Intervention Division does NOT handle complaints regarding criminal issues, child support, divorce, or other domestic relation matters.

TYPE OR PRINT NEATLY AND, SUBMIT COPIES OF ANY RELATED DOCUMENTS

(Please read and initial) I understand that the Division cannot serve as a private attorney for individuals and that any legal action taken by the Office of the Attorney General would be on behalf of the public and not to represent personal interests. _____(initial here)

YOUR NAME ___Mr. ___Mrs. ___Ms.: ______________________________________________________________
ADDRESS:________________________________________________________________________________
CITY: ___________________________STATE: _______ZIP CODE: _______COUNTRY: __________
HOME PHONE: _____________________WORK/CELL PHONE: ________________________________
EMAIL ADDRESS: ________________________________________________________________

BUSINESS OR ENTITY YOUR COMPLAINT IS AGAINST: _______________________________________
ADDRESS: ____________________________________________________________________________
CITY: ___________________________STATE: _______ZIP CODE: _______
PHONE: ______________________
Please fill in this section completely

WAS A CONTRACT SIGNED?  _ YES _ NO (IF YES, Please attach a COPY of your contract).

WHERE WAS CONTRACT SIGNED?  _IN YOUR HOME _AT THE BUSINESS _OTHER:_____________________

DATE(S) OF TRANSACTION:________________________

PRODUCT OR SERVICE INVOLVED:________________________

TOTAL PRICE:________________________ AMOUNT PAID:________________________

WAS PRODUCT/SERVICE ADVERTISED?  __ YES __ NO

HOW WAS SERVICE ADVERTISED?  __ NEWSPAPER __ TV __ RADIO __ MAIL __ PHONE __ EMAIL __ INTERNET
(If possible, please provide a COPY of the advertisement)

TELL US WHAT YOU HAVE DONE TO TRY AND RESOLVE THIS ISSUE WITH THE BUSINESS OR ENTITY

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT?

______________________________________________________________________________________________

WHAT ACTION WAS TAKEN?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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______________________________________________________________________________________________

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY?  __ YES __ NO

HAVE YOU FILED A LAWSUIT?  __ YES __ NO

Please give us as detailed explanation of your complaint and fully explain the business's failure to remedy your issue. (Attach additional sheets if necessary)
WHAT ACTION WILL RESOLVE YOUR COMPLAINT?

Please fill out this section if your complaint involves a motor vehicle

NEW   USED

DATE OF PURCHASE:___________________ VEHICLE IDENTIFICATION NUMBER:________________________

MAKE OF VEHICLE:___________________ MODEL:________________________

MODEL YEAR: ________ STATE OF REGISTRATION: ____________, MILEAGE:________________________

IF YOUR COMPLAINT INVOLVES VEHICLE REPAIRS, HOW MANY TIMES HAS IT BEEN REPAIRED FOR
THE SAME PROBLEM?_____

NAME OF REPAIR SHOP:________________________________________

I affirm that the information above is true to the best of my knowledge and belief. I understand that a copy of this complaint may be sent to the business/entity against whom I am filing this complaint. I understand that if I have knowingly filed false or misleading information, this complaint will be closed by the Attorney General's Office. I further understand that my complaint is a public record and is subject to inspection by members of the public.

SIGNATURE:_________________________________ DATE:_____________________________________

If you are an individual with a disability who needs a reader, amplifier, sign language interpreter, or any other form of auxiliary aid or service to complete this form, please contact the Advocacy and Intervention Division.