

Consumer Complaint Form

Provide all requested information, **including phone numbers.**
ENCLOSE COPIES OF CONTRACTS, RECEIPTS, CHECKS, LETTERS
and any other documents which pertain to your complaint.

PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION

Consumer Information	Vendor Information
Your Name	Name of Business
Address	Address
City State Zip	City State Zip
Telephone Number (including area code) Daytime: Alternate:	Telephone Number (including area code)
Email Address	Subject of Complaint (include details on reverse)
Date of Transaction	Total Cost Amount Paid
Has this complaint been filed with another agency? If yes, indicate the agency name and phone number.	Is this matter the subject of a court action/lawsuit, either now or in the past?

**COMPLETE REVERSE SIDE
BE SURE TO SIGN AND DATE FORM**

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY

File Number _____ Investigated by _____ Reviewed by _____
Received by: Phone () Mail () Person () Agency () Web ()
Date Acknowledged _____ Date Closed _____ Disposition _____ \$ _____

