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Office Use Only	
CLMS:	_____
AG:	_____

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: Mr., Mrs., Ms. (circle one) _____ Address: _____ City: State: Zip code: County: _____ Your Telephone Number: Daytime () _____ Evening () _____ Your e-mail address (optional): _____ Are you a senior citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Who referred you to this office? _____	Name: _____ Address: _____ City: State: Zip code: _____ Telephone () _____ Website: _____ Additional seller or provider of service involved in transaction: Name: _____ Address: _____ City: State: Zip code: _____ Telephone () _____ Website: _____
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Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes No
If yes, please give name, address, telephone number #. _____
Is court action pending? Yes No

INFORMATION ABOUT THE TRANSACTION

Date of Transaction:	Did you sign a contract? Yes No (If yes, please attach a copy)	Date contract was signed:
Was the product or service advertised? Yes No When? (Please attach a copy of the advertisement, if available)		

How was the service advertised? <input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Radio advertisement <input type="checkbox"/> Television advertisement <input type="checkbox"/> Internet advertisement <input type="checkbox"/> E-mail solicitation <input type="checkbox"/> Direct mail solicitation <input type="checkbox"/> Telephone solicitation <input type="checkbox"/> Yellow pages of the telephone book <input type="checkbox"/> Facsimile solicitation <input type="checkbox"/> Door-to-door solicitation <input type="checkbox"/> Display at merchant's place of business <input type="checkbox"/> Display at a trade show/convention, etc. <input type="checkbox"/> Other _____	Total Cost of product/service: \$ _____ Amount paid to date/down payment: \$ _____ Method of payment (check one) (Please attach a copy) Cash Check Money Order Credit Card Debit Card Bank Draft Wire Transfer Automatic Debit Other _____ If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes No (Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)
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Where did the transaction take place? <input type="checkbox"/> At my home <input type="checkbox"/> Over the telephone <input type="checkbox"/> By mail <input type="checkbox"/> Over the Internet <input type="checkbox"/> Trade show/convention/home show <input type="checkbox"/> At the firm's place of business <input type="checkbox"/> By facsimile <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> There was no transaction	Have you complained to the company or individual? Yes No If yes, provide name and phone number of the individual(s): _____ _____ _____
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FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:

Make:	Model:	Year:	New: Yes No	As-Is: Yes No
Warranty: Yes No Expiration Date:	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.**

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)

READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless box checked below. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

‡ Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.

**Please print and send the completed form to the address at the top of this complaint form.
Incomplete forms may be returned.**