



Department of Agriculture, Trade and Consumer Protection

Consumer Complaint

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) (circle one) (first) (middle) (last)

Phone: Home () Work () ext. Cell ()

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email:

Address: Apt.# PO Box:

City: State: Zip: County:

2. What business is your complaint against?

Name of business:

Address: Ste.# PO Box:

City: State: Zip: County:

Name of person you talked to: Title:

Phone: () Business email: Business website:

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- Internet Person from business came to my home I went to the business
Email Person from business called me I telephoned the business
I responded to a radio or TV ad Business sent me information in the mail
I responded to a printed advertisement I attended a convention or trade show

4. When did your first contact with the business occur? month: day: year:

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

6. What product or service did you buy? (please be specific)

7. Was the item advertised? (circle one) No Yes Date: Where:

8. Did you sign a contract/agreement? (circle one) No Yes If yes, contract/agreement number:

9. Where were you when you signed the contract/agreement? Date signed:

10. Amount paid: \$ by: (circle one) cash check credit card financed money transfer other plan

11. Where did you pay the business: (check one)

- Internet By mail By telephone with credit/debit card Away from company's place of business
At my home At the company's place of business At a convention or trade show

12. Did you contact the business about your complaint? (circle one) No Yes If yes, date:

What happened?

13. Have you filed this complaint with another agency? (circle one) No Yes Agency name:

What happened?

14. Have you contacted a private attorney? (circle one) Yes No

IMPORTANT: More questions on the back page (over)

