

**OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
MEDIATION UNIT - COMPLAINT FORM**

LAST NAME	FIRST NAME	NAME OF BUSINESS YOU ARE COMPLAINING ABOUT	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DAYTIME PHONE #	EVENING PHONE #	PHONE #	
E-MAIL ADDRESS	FAX #	E-MAIL / WEB ADDRESS	FAX #

HOW DID YOU FIRST LEARN ABOUT THE PRODUCT, SERVICE OR REAL PROPERTY INVOLVED IN THE DISPUTE?

- Print Advertisement.
- Radio Advertisement.
- Television Advertisement
- Internet Advertisement
- E-Mail Solicitation
- Mail Solicitation (including catalogues).
- Telephone solicitation
- Fax solicitation.
- Personal Solicitation At Home.
- Display at Merchant's Place of Business
- Display at Trade Show, Convention, etc.
- Other _____

WHERE DID THE SALE/LEASE OCCUR?

- At my home.
- At the firm's place of business.
- Away from the firm's place of business
(e.g. convention, your workplace, etc.)
- By mail.
- Over the telephone
- By Fax
- Over the Internet
- There was no transaction.

DATE OF TRANSACTION: _____

TYPE OF GOODS, SERVICE OR PROPERTY INVOLVED

ARE THE GOODS/SERVICES UNDER WARRANTY? Yes No

PLEASE INCLUDE COPIES (NOT ORIGINALS) OF ANY DOCUMENTS (SUCH AS CONTRACTS, LEASES, BILLS, RECEIPTS, ADVERTISEMENTS, CANCELED CHECKS AND LETTERS) THAT RELATE TO YOUR DISPUTE.

What is the name of the person with whom you dealt? _____

Have you contacted the business about your complaint? Yes No Date of contact _____

What is the name of the person to whom you complained _____

