

FOR OFFICE USE ONLY

Case No: _____
Investigator _____
Open: _____
Closed: _____

Complaint Reported By:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Telephone #: _____
Work Telephone #: _____
Cell #: _____
E-Mail Address: _____

Complaint Reported Against:

Business: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone #: _____
Web Site Address: _____
E-Mail Address: _____
Contact Person: _____

1. Date of Transaction _____ Did you complain to business? Yes _____ No _____
2. Date you complained _____ Person you spoke with _____
3. Amount of money or value of goods/services involved \$ _____
4. IMPORTANT – PLEASE CHECK DESIRED RESOLUTION:
 Refund Exchange Repair Contract Rescission
 Other, please explain _____
5. If complaint has been referred to another agency, please name _____
6. Has a lawsuit been filed in Small Claims Court: _____ Yes _____ No _____
7. Has an attorney been retained? _____

IF THE ANSWER TO QUESTIONS 6 AND 7 IF "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE **CANNOT** INTERCEDE ON YOUR BEHALF.

PLEASE WRITE A CONCISE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE OF THIS FORM.

