

**STATE OF ALABAMA
OFFICE OF THE ATTORNEY GENERAL
CONSUMER AFFAIRS SECTION**

CONSUMER COMPLAINT FORM

**11 South Union Street
Montgomery, Alabama 36130**

**Phone: (334) 242-7334
Fax: (334) 242-2433
(Toll Free in AL) 1-800-392-5658**

(Please type or print in ink)

Name of Person or Firm Complained Against

Your Name

Age

Address

Your Address

City and State

Zip Code

City and State

Zip Code

Telephone

Telephone (Home)

Telephone (work)

Did You Sign a Contract? _____

Date of Transaction _____

Name of Salesperson _____

Have you told the firm of your Complaint? _____

Product or Service Involved _____

Estimate of dollars involved _____

**How were you first contacted – at your premises () ; at the firm’s premises () ;
telephone () ; radio/t.v. () ; newspaper/magazine () ; mail solicitation () ?**

Have you consulted an attorney? _____ **Who?** _____

Is there a court action pending? _____ **Where?** _____

