

CONSUMER COMPLAINT FORM
Consumer Information and Complaints
1275 W. Washington, Phoenix, AZ 85007

-or- 400 W. Congress, South Building,
Suite 315, Tucson, AZ 85701-1367



ARIZONA ATTORNEY GENERAL'S OFFICE

TERRY GODDARD
ATTORNEY GENERAL

www.azag.gov

YOUR NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE NUMBER _____ BEST NUMBER TO CALL DURING THE DAY _____
NAME OF FIRM YOU ARE COMPLAINING AGAINST _____
ADDRESS OF FIRM _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER OF FIRM _____

**** For AG Use Only ****
File No.: _____
Category: _____
Letter: _____
Closing: _____
RT: _____
CC: _____
Copy To: _____
Send To: _____

For statistical purposes, please indicate:

- Your Age: Under the age of 60 Age 60 and Over
Military/veteran: Currently in military service A veteran

How did you hear about our complaint form (please choose only one):

- Called Phoenix AG Office Visited an AG Satellite Office Another Arizona State Agency/State Legislator
 Called Tucson AG Office An out of State Agency Attended AG Presentation/Event
 Went onto AG Website Media: Newspaper/Radio/TV Other _____

May we send a copy of this to the person or firm you are complaining against? YES NO
(If your response is no, we may be prevented from taking any action on your complaint.)

May we provide your name and telephone number to the media in the event of an inquiry about this matter? YES NO

May we send a copy of your complaint to another government agency for their review or investigation? YES NO

Was an oral or written warranty given? YES NO

Did you sign any documents? YES NO

Date of transaction _____ Place of transaction _____
Witness to transaction _____ Salesperson's name _____
Total amount of damages (list actual loss only) _____

Have you complained to the firm? YES NO

What was their response? _____

Was the product or service advertised? YES NO

If yes, indicate the date and how it was advertised _____

Do you have an attorney? YES NO

If yes, please provide the attorney's name and address _____

Is any legal action pending? YES NO

List any other consumer agencies contacted _____

PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT IN THE FOLLOWING PAGE PROVIDED.

This statement is true and accurate to the best of my knowledge.

Signature _____ Date _____

SI USTED PREFERE USAR ESTA FORMA EN ESPAÑOL, POR FAVOR REFÍERASE AL REVÉS DE ESTA FORMA.

