

# Consumer Complaint Form



RETURN TO: Attorney General's Office  
Consumer Protection Unit, PO Box 899  
Jefferson City, MO 65102

Missouri Attorney General  
Jeremiah W. (Jay) Nixon

Phone: 800-392-8222  
Web: www.ago.mo.gov

CONSUMER

- MR.  
 MRS.  
 MS.

YOUR NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

COMPANY

MY COMPLAINT IS AGAINST \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

PHONE ( ) \_\_\_\_\_ WEB SITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PERSON YOU DEALT WITH \_\_\_\_\_  
NAME TITLE

PRODUCT OR SERVICE

PRODUCT OR SERVICE DISPUTED \_\_\_\_\_

DATE OF TRANSACTION/PURCHASE \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_  
(For example: 05 01 00) MONTH DAY YEAR

HOW & WHERE DID YOU LEARN ABOUT PRODUCT OR SERVICE? \_\_\_\_\_

PAYMENT

PAYMENT METHOD  CASH  CREDIT CARD  DEBIT CARD  LOAN  LAY-AWAY  CHECK  OTHER

DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS?  YES  NO

Copies of any documents produced for payment must be returned with this complaint form. (such as contracts, warranties, checks — front and back)



**BRIEFLY EXPLAIN  
YOUR COMPLAINT**

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**WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?**

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**HOW DO YOU WANT  
THIS COMPLAINT  
RESOLVED?**

REFUND     REPAIR     DELIVER PRODUCT     PERFORM SERVICE     REPLACE/TRADE  
 OTHER \_\_\_\_\_

**HAVE YOU BEEN SUED  
OR FILED A LAWSUIT  
ABOUT THIS COMPLAINT?**

NO     YES \_\_\_\_\_  
NAME OF ANY AGENCY CONTACTED

\_\_\_\_\_  
AGENCY ADDRESS

**BY FILING THIS COMPLAINT, I UNDERSTAND THAT:**

The Attorney General is not my private attorney, but enforces state consumer protection laws;  
I will testify in court to the facts stated in this complaint; and  
A copy of this complaint will be provided to the merchant against whom I am filing this complaint.

**I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:**

\_\_\_\_\_  
**YOUR SIGNATURE** \_\_\_\_\_  
**DATE**