CONSUMER COMPLAINT

OFFICE OF ATTORNEY GENERAL - CONSUMER PROTECTION DIVISION

SFN 7418 (Rev. 03-2006)

Name of Person or Firm Complained Against		
Address		
City	State	Zip Code
Telephone Number (Include Area Code)		
Cell Phone Number	Fax Number	

Your Name		
Address		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	
Cell Phone Number	Age *	Sex *

*Optional - (For Statistical & Enforcement Purposes Only.)

When filling out this form, please keep in mind that a copy of this complaint form may be forwarded to the party or firm complained against.

(PLEASE DO NOT COMPLETE FORM IN PENCIL)

Date of Transaction	Product or Service Involved
Amount of money you have already paid: $	Amount of money person or firm says you still owe: $

How would you like to have your complaint resolved?

FIRST CONTACT BETWEEN YOU AND PERSON OR FIRM *(CHECK THE MOST APPROPRIATE ANSWER)*	**WHERE DID THE TRANSACTION TAKE PLACE?** *(CHECK THE MOST APPROPRIATE ANSWER)*
☐ I contacted or went to the firm's regular place of business.	☐ At the firm's place of business.
☐ The firm contacted me in person at my home or place of work.	☐ At my home.
☐ I contacted or went to the firm's temporary place of business.	☐ Away from the firm's place of business (for example, at your place of employment, etc.).
☐ I received a telephone call from the firm.	☐ Over the telephone.
☐ I responded to a radio/TV ad.	☐ By mail.
☐ I responded to a written advertisement.	☐ There was no transaction.
☐ I received information in the mail from the firm.	☐ On the Internet.
☐ Yellow pages of telephone book.	
☐ On the Internet.	

Did you sign a contract or written agreement?	☐ NO	☐ YES -- If "YES" attach a copy
Did you receive a contract or a receipt?	☐ NO	☐ YES -- If "YES" attach a copy

Name of person(s) with whom you dealt, if any.

Have you contacted a private attorney or another agency?	☐ NO	☐ YES -- If "YES", identify below.
Is court action pending or completed?	☐ NO	☐ YES -- If "YES", what was the result?

CONTINUE WITH EXPLANATION ON OTHER SIDE OF FORM

EXPLANATION OF TRANSACTION

Explain the facts and circumstances of the fraud, deception or misrepresentation fully and specifically.
If you need more room, use additional sheets of paper and attach to Complaint.

The statement contained in this complaint are true and accurate to the best of my knowledge. I wish to file a complaint against the party named. I understand the Consumer Protection and Antitrust Division is not permitted to engage in the private practice of law, and therefore is not my lawyer or legal representative. I am, however, filing this complaint to notify the Consumer Protection Division of activities of the person/firm about which I have a complaint. (Complaint forms not signed will be returned)

Date	Signature

ATTACH THE FOLLOWING TO THE COMPLAINT

1 - Copy of any contract or written agreement.
2 - Copy of any receipt.
3 - Copy of any cancelled check or other proof of payment.
4 - Copy of any written advertisement.
5 - Copy of any correspondence.
6 - Copy of any other related documents.

SEND TO:

CONSUMER PROTECTION DIVISION
Office of Attorney General
4205 State Street
PO Box 1054
Bismarck ND 58502-1054

Thank you for taking the time to complete this Consumer Complaint form. The information you have provided will help us in our efforts to resolve your consumer problem.

Wayne Stenehjem
ATTORNEY GENERAL