



CONSUMER COMPLAINT FORM

Also available online at www.ag4ohio.gov

Please type or print (use dark ink)

Consumer Protection Section 30 E. Broad St., 14th Fl. Columbus, OH 43215-3400

877-AG4OHIO

(877-244-6446)

614-466-4986

TTY 888-567-6881

or 614-995-7147 (local)

Office Use Only Complaint #:

Consumer Information About the Company About the Transaction

Name Last First MI

Address Street

City State Zip Code County

Daytime telephone# () Alternate telephone# ()

Do you prefer to receive e-mail correspondence regarding this complaint? Yes No

E-mail address

In order to help our office better serve Ohio consumers, please circle any/all categories that apply to you (optional):

Over the age of 60 Yes No Family income below \$20,000 Yes No

Person with disability Yes No Disaster victim Yes No

Non-English speaking Yes No Active Service Member or Immediate Family Yes No

Company name

Address

Street

City State Zip Code County

Telephone # () Fax # ()

E-mail address

Business owner/salesperson

Product/service involved

Transaction date

Cost of product/service \$

Amount paid so far \$

Did you sign a contract? Yes No

Is product/service under warranty? Yes No

Monthly payment \$ Are you making payments? Yes No

