



Type or Print (BLACK INK ONLY). Enclose two (2) copies of complaint form and all relevant documents.
NOTE: A copy of this complaint will be sent to the party you are complaining against as part of our conciliation effort. If you do not want a copy of the complaint or some part of it sent to the business or other agencies, please explain: _____

Mr., Mrs., Ms., Miss (Circle One)

Your Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Complaint is against: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Business Contact Person: _____

Date of Transaction: _____ Place of Transaction: _____

Product or Service Involved: _____

Amount Paid: _____ Paid by: _____ Check _____ Cash _____ Credit Card _____ Loan

Have you complained to the business? _____ Yes _____ No

If yes, what action was taken? _____

Have you filed a complaint with any other agency or organization? _____ Yes _____ No

If yes, identify the organization: _____

What action was taken? _____

Have you retained an attorney to represent you in this matter? _____ Yes _____ No

Has a law suit been filed? _____ Yes _____ No

(PLEASE CONTINUE ON OTHER SIDE)

FOR OFFICE USE ONLY

Type of Product/Service: _____ Comment: _____

Send: _____ Ref. To: _____

