



CONSUMER COMPLAINT AGAINST A BUSINESS/CORPORATION

Mail Form to:

Kamala D. Harris
Attorney General

PUBLIC INQUIRY UNIT
(916) 322-3360/ (800) 952-5225 Toll Free - CA only
TTY/TDD (800) 735-2929 (California Relay Service)
For TTY/TDD outside California contact your state's relay service
number at <http://www.fcc.gov/cgb/dro/trsphonebk.html>
AG Web Site: <http://www.ag.ca.gov/>

Public Inquiry Unit
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550

SECTION 1 - Your Information

Mr. Ms. Mrs.	First Name	Last Name	MI
Mailing Address			
City	State	Zip Code	Country, if not U.S.
Day Phone Number	Cell Phone Number	Member of the U.S. Armed Forces?	
County of Residence		E-Mail Address	

SECTION 2 - Information About Company Against Which You Are Complaining

Full Name of Company			
Mailing Address			
City	State	Zip Code	Country, if not U.S.
Company's Internet Address (URL)		E-Mail Address	
Telephone Number		Fax Number	

SECTION 3 - Complaint Information

Product, item or service involved			
Date of Transaction		Account Number (if applicable)	
Total amount paid	Amount in dispute	How was payment made: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Finance Agreement <input type="checkbox"/> Other _____	
Did you sign a contract or lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where was the contract signed?	Starting date	Expiration date
Date you complained to the company or individual _____ <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person		Person Contacted	His/Her phone number
Results			
What result would you consider fair?			
Have you contacted another agency about this? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of agency	
Do you have an attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of your attorney	Attorney's Phone Number
Has your complaint been heard or is it scheduled to be heard in court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where and when?			
If already heard, what was the result?			

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE



CONSUMER COMPLAINT AGAINST A BUSINESS/CORPORATION

Kamala D. Harris
Attorney General

SECTION 4 - Information About the Transaction

<p>How was initial contact made between you and the business?</p> <p><input type="checkbox"/> Person came to my home</p> <p><input type="checkbox"/> I went to company's place of business</p> <p><input type="checkbox"/> I received a telephone call from business</p> <p><input type="checkbox"/> I telephoned the business</p> <p><input type="checkbox"/> I received information in the mail</p> <p><input type="checkbox"/> I responded to a radio/television ad</p> <p><input type="checkbox"/> I responded to a printed advertisement</p> <p><input type="checkbox"/> I responded to a website or e-mail solicitation</p> <p><input type="checkbox"/> I received a fax solicitation</p> <p><input type="checkbox"/> I attended a trade show or convention</p> <p><input type="checkbox"/> Other _____</p>	<p>Where did the transaction take place?</p> <p><input type="checkbox"/> At my home</p> <p><input type="checkbox"/> At company's place of business</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> Over the phone</p> <p><input type="checkbox"/> Via computer (website or e-mail)</p> <p><input type="checkbox"/> Trade show or convention</p> <p><input type="checkbox"/> Other _____</p>
---	---

SECTION 5 - Important Information

- If the complaint falls within the jurisdiction of another local, state or federal agency, you will be provided with appropriate referral information. In addition, the complaint may be shared with other government agencies.
- Please include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send originals.
- This office does not have the authority to give private legal advice or provide private legal representation to individual consumers.

SECTION 6 - Details of Complaint (use additional sheets if necessary)

SECTION 7 - Statement

I affirm that the information herein is true and accurate, and will sign a statement if needed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
You may send this complaint to the party named and I authorize that party to release any and all information with regard to this complaint to the California Department of Justice.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature:	Date: