



CONSUMER COMPLAINT

Type or print with ink. If you are completing this form for someone else, include that information in the explanation.

Your Prefix (Mr. Ms. or Mrs.) and Name Age

Your Address

City, State, Zip Code

Your Email Home Phone

Mobile Phone Work Phone

Company/Individual Complaint Against

Address

City, State, Zip Code

Phone Email and/or Website

Salesperson, Serviceperson or other Employee

May we communicate with you via email? Yes No

Are you active duty military? Yes No

Are you a veteran? Yes No

Do you have a disability? Yes No

Account number (if known) _____

Estimated amount paid _____

Product or service involved _____

Date of transaction _____

EXPLAIN THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT AND YOUR VIEW AS TO A FAIR RESOLUTION. INCLUDE **COPIES (NOT ORIGINALS)** OF RELATED CONTRACTS, RECEIPTS, CANCELLED CHECKS, CORRESPONDENCE, ADVERTISEMENTS OR DOCUMENTS.

The information is true and accurate to the best of my knowledge. I understand the Arkansas Attorney General's office does not represent individuals in matters involving private disputes. I am filing this complaint to notify the Attorney General's office of activities of this party and for any other assistance that may be rendered, including attempted resolution of my complaint or referral to another appropriate entity. **I understand a copy of what I submit to the Attorney General's office will be provided to the party I am complaining against in an effort to resolve the complaint.** I authorize the party against which I have filed a complaint to communicate with and provide information to the Arkansas Attorney General's office. I also understand that my complaint may be referred to other agencies. I acknowledge that the Attorney General will keep a record of this complaint and it may be deemed a public record subject to disclosure under the Arkansas Freedom of Information Act.

Signature of person filing complaint

Date

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