



TIM GRIFFIN

ATTORNEY GENERAL OF ARKANSAS

CONSUMER COMPLAINT FORM

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

<u>Consumer Information</u>	
Prefix, Your Name	Age
Your Street Address	Your Phone Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
City, State, ZIP	Your Email <i>May we communicate with you via email?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are you active duty military?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are you a veteran?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do you have a disability?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Business Information Complaint is Against</u>	
Business Name	Business Phone Number
Street Address	Business Email
City, State, ZIP	Business Website

Salesperson, Employee Name

Product or Service Involved

Transaction Date

Account Number

Estimated Amount Paid

Did you sign a contract? Yes (**enclose copy**) No

How did you first encounter this business?

Payment Method:

- Went to company's place of business
- Called the business
- Radio/television or printed ad
- Website or email solicitation
- Home visit
- Phone call from business
- Received mail
- Other _____
- Solicitation in foreign language
(What language?) _____

- Credit Card Debit Card Cash
- Check Bank Account Debit
- Wire Transfer

Where did the transaction or purchase take place?

- At my home At the business's location
- Via the internet Trade show or hotel
- By mail Over the phone Other _____

Have you retained an attorney? Yes No

Is any legal action pending? Yes No

