

CONSUMER COMPLAINT FORM

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

Consumer Information		
Prefix, Your Name Age	Your Phone Number	
Your Street Address	Your Email	
	May we communicate with you via email? 🗆 Yes 🗆 No	
City, State, ZIP	Are you active duty military?	🗆 Yes 🗆 No
City, State, Zir	Are you a veteran?	🗆 Yes 🗆 No
	Do you have a disability?	🗆 Yes 🗆 No
Business Informat	ion Complaint is Against	
Business Name	Business Phone Number	
Street Address	Business Email	
City, State, ZIP	Business Website	

Salesperson, Employee Name

Transaction Date

Estimated Amount Paid

How did you first encounter this business?

- □ Called the business
- □ Radio/television or printed ad
- □ Website or email solicitation
- \Box Home visit
- $\hfill\square$ Phone call from business
- Received mail
- 🗆 Other ____
- □ Solicitation in foreign language

(What language?) _____

Product or Service Involved

Account Number

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

Payment Method:

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

Where did the transaction or purchase take place?

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

Have you retained an attorney?	\Box Yes \Box No
Is any legal action pending?	🗆 Yes 🗆 No

Have you complained directly to the business?
I Yes I No If yes, when and by what means (phone, email, etc.)?

What was the business's response?

Have you contacted another agency about this complaint?
□ Yes □ No If yes, list name and address of the agency.

If yes, what action was taken by this agency?

Explain the circumstances surrounding your complaint:

Explain your view of a fair resolution:

<u>Please include copies (not originals) of related contracts, receipts, cancelled checks, correspondence, advertisements or documents.</u>

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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