



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.

Your Name

Name of Company or Individual Complaint is Against

Your Address

Address

City, State, Zip Code

City, State, Zip Code

Your Email

Your Age

Phone

Phone Mobile Home Work

Email and/or Website

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

Salesperson, employee name

Account number (if known) _____

Product or service involved _____

Transaction date _____

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

Estimated amount paid _____

Payment method: Credit Card Debit Card

Cash Check Bank Account Debit Wire Transfer Money Order Cashier's Check Loan

How did you first encounter this business?

- Home visit
- Phone call from business
- Received mail
- Responded to printed advertisement
- Other _____
- Responded to solicitation in language other than English (What language?) _____
- Went to company's place of business
- Called the business
- Responded to radio/television ad
- Responded to website or email solicitation

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

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? _____

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

What was the business's response? _____

EXPLAIN YOUR VIEW AS TO A FAIR RESOLUTION AND THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT. 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