CONSUMER COMPLAINT FORM CONSUMER INTEREST



501 Washington Avenue Post Office Box 300152 Montgomery, Alabama 36130-0152 www.AlabamaAG.gov Telephone: (334) 242-7335 Fax: (334) 353-8400 Toll Free: 1 (800) 392-5658 Please Print Legibly In Ink

Your	CONTACT INFORMA	TION _			
Prefix	First Name	Middle	Last Name	Suffix	Age
Address					
City		State or Province	Zip/Postal Code	County	
Preferre	ed Contact Phone Number (i	Mobile Work		Mobil act Phone Number (include a	e Work Home
E-mail o	address and/or Website				
represe	ou hired an attorney to ent you about the issue(s in your complaint?) Yes□ No□ _			
			If so, list your attorney's nam	ne, address, telephone numb	er, and email address
Is then	re a court action pending	g? Yes 🗌 No 🗌	If so, please list court name	and case number	
person you m	about an issue if tha	nt person is repre plaint, but the Of	ct prohibit an attorney sented by an attorney. fice of the Attorney Ge	If you are represente	d by an attorney,
Infor	RMATION REGARDING	THE BUSINESS (COMPLAINED AGAINST	:	
Name o	of Business Complained Ag	ainst			
Addres	s				
City		State or Province	Zip/Postal Code	County	

Phone Number	E-mail address and/or Company Website Did you sign a contract? Yes \(\scale \) No \(\scale \)			
Date of Incident or Transaction				
	Have you contacted the business regarding the complaint? Yes ☐ No☐			
Name of Salesperson				
Please indicate the type of Pro	duct or Service:			
Estimate of dollars involved				
How were you first contacted?	at your premises at the firm's premises telephone radio/tv newspaper/magazine mail solicitation e-mail solicitation			
	circumstances surrounding your complaint. (Attach additional sheets if ecopies (Do Not Send Original Documents) of all pertinent documents such as earranty, etc.			

AFTER REVIEWING YOUR COMPLAINT AND THE STEPS YOU HAVE TAKEN TO RESOLVE IT, YOU MAY BE REFERRED TO A PRIVATE ATTORNEY, SMALL CLAIMS COURT, OR SOME OTHER METHOD OF RESOLVING YOUR COMPLAINT.

I understand that the Office of the Attorney General normally provides copies of the complaint forms	01
information regarding complaints to the business complained about and other private and public agencies	. I
authorize the Office of the Attorney General to give copies or any information on the form to anyone deen	ned
advisable.	

_____ Initial

I wish to file this complaint with your office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I also understand that I may lose the right to file a lawsuit because of this matter due to the possible expiration of the statute of limitations, if I wait on action by the Attorney General's office. I am, however, filing this complaint to notify your office of the activities of this party and to seek any assistance you may be able to render. I understand that, if I am represented by an attorney with regard to the issue(s) raised in my complaint, the Attorney General will only communicate with me about my complaint through my attorney.

Signature of person filing complaint

Date

PLEASE RETURN COMPLETED COMPLAINT FORM TO:

Office of the Attorney General Consumer Interest Division 501 Washington Avenue Post Office Box 300152 Montgomery AL 36130-0152