



CONSUMER COMPLAINT

Please type or print with ink. *A copy of this complaint will be sent to the party complained against.*

Your Name

Firm/Individual Complained Against

Your Address

Address

City, State, Zip Code

City, State, Zip Code

County

Home Telephone

Telephone

Work Telephone

Mobile Telephone

Have you contacted the company?

Your Age _____ Did you sign a contract? Yes No

Name of Salesperson

Product or Service Involved

Estimate of dollars involved:

Date of Transaction

Have you consulted an attorney? Yes No

Who?

Is there court action pending? Yes No

Where?

Your view as to a fair resolution of this matter: _____

PLEASE EXPLAIN THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT. ENCLOSE **COPIES (NOT ORIGINALS)** OF ANY CONTRACTS, SALES SLIPS, CANCELLED CHECK, ADVERTISEMENTS, CORRESPONDENCE OR RELATED DOCUMENTS. *Attach additional sheets if necessary.*

The information contained here is true and accurate to the best of my knowledge. I understand that 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 the activities of this party and for any other assistance which may be rendered, including attempted resolution of my complaint or referral to another appropriate entity. I understand that 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 that it may be deemed a public record subject to disclosure under the Arkansas Freedom of Information Act.

Date _____

Signature of person filing complaint