

# CONSUMER COMPLAINT FORM

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OFFICE OF ARIZONA ATTORNEY GENERAL

ATTORNEY GENERAL TOM HORNE

## YOUR NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER

BEST NUMBER TO CALL DURING DAY

NAME OF FIRM YOU ARE COMPLAINING AGAINST

ADDRESS OF FIRM

CITY

STATE

ZIP CODE

PHONE NUMBER OF FIRM

### \*\* For AG Use Only \*\*

File No.:

Category: PS V

Letter:

Closing:

RT:

CC:

Copy To:

Send To:

For statistical purposes, please indicate:

Your Age:

- Under the age of 60  
 Over the age of 60

Military/veteran:

- Currently in military service  
 A veteran

How did you hear about our complaint form (please choose only one):

- Called Phoenix AG Office     Visited an AG Satellite Office     Another Arizona State Agency/State Legislator  
 Called Tucson AG Office     An out of State Agency     Attended AG Presentation/Event  
 Went onto AG Website     Media: Newspaper/Radio/TV     Other \_\_\_\_\_

May we send a copy of this to the person or firm you are complaining against? YES  NO   
(If your response is no, we may be prevented from taking any action on your complaint.)

May we provide your name and telephone number to the media in the event of an inquiry about this matter? YES  NO

May we send a copy of your complaint to another government agency for their review or investigation? YES  NO

Was an oral or written warranty given? YES  NO

Did you sign any documents? YES  NO

Date of transaction \_\_\_\_\_ Place of transaction \_\_\_\_\_

Witness to transaction \_\_\_\_\_ Salesperson's name \_\_\_\_\_

Total amount of damages (list actual loss only) \_\_\_\_\_

Have you complained to the firm? YES  NO

What was their response? \_\_\_\_\_

Was the product or service advertised? YES  NO

If yes, indicate the date and how it was advertised \_\_\_\_\_

Do you have an attorney? YES  NO

If yes, please provide the attorney's name and address \_\_\_\_\_

Is any legal action pending? YES  NO

List any other consumer agencies contacted \_\_\_\_\_

## PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT IN THE FOLLOWING PAGE PROVIDED.

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true, correct, and based upon my personal knowledge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

SI USTED PREFIERE USAR ESTA FORMA EN ESPAÑOL, POR FAVOR REFÍERASE AL REVÉS DE ESTA FORMA.

