



File#: \_\_\_\_\_

The contact information MUST be provided as we correspond by U.S. Mail. Incomplete forms cannot be processed. Only one business per complaint form. (Send original and one (1) copy.) PLEASE WRITE LEGIBLY.

Consumer Information

Business or Individual Complaint Is Against

Name: Mr., Mrs., Ms., Miss (Circle One)	Name:
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
Home Phone:	Phone:
Work Phone:	Business Contact Person:
Email Address:	Website or Email Address:
Age: <input type="checkbox"/> Under 19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over	

- Initial contact between you and the business:
  - Person came to my home
  - I went to company's place of business
  - I received a telephone call from business
  - I telephoned the business
  - I received information in the mail
  - I responded to radio/television ad
  - I responded to a printed advertisement
  - I responded to a website or email solicitation
  - I responded to a solicitation in a language other than English (what language?) \_\_\_\_\_
  - Other \_\_\_\_\_
- Where did the transaction take place?
  - At home
  - By business
  - By mail
  - Over the phone
  - Over the computer
  - Trade show or hotel
  - Other \_\_\_\_\_
- Date of Transaction: \_\_\_\_\_
- Did you sign a contract?  Yes (please enclose a copy)  No
- Product or Service Involved (if car, new or used): \_\_\_\_\_
- Actual Amount Paid: \_\_\_\_\_  Check  Cash  Credit Card  Loan  Wire Transfer  
 Money Order  Cashier Check  Debit Card  Bank Account Debit
- Have you contacted the business?  Yes  No  
If yes, what action was taken? \_\_\_\_\_
- Have you contacted another agency or organization?  Yes  No  
If yes, name of agency or organization. \_\_\_\_\_
- Have you retained an attorney?  Yes  No Has a lawsuit been filed?  Yes  No

(PLEASE CONTINUE ON OTHER SIDE)

FOR OFFICE USE ONLY

Product/Service \_\_\_\_\_ Send: \_\_\_\_\_ Ref To: \_\_\_\_\_ Comment: \_\_\_\_\_

10. Please describe your complaint in detail (attach extra sheets if necessary).

What would you consider a fair resolution of this complaint? \_\_\_\_\_

Oklahoma law prohibits us from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

In signing this complaint you understand that the Attorney General does not represent citizens seeking the return of their money or other personal remedies. The above statements are true and accurate to the best of my knowledge.

I understand a copy of the complaint will be sent to the company or individual that this complaint has been filed against or to the appropriate agency.

Your Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

(ATTACH COPIES. DO NOT SEND ORIGINALS)

Please return this form to: Office of Attorney General  
Consumer Protection Unit  
313 N.E.21<sup>st</sup> Street  
Oklahoma City, OK 73105

February 2017