



Office of Arizona Attorney General
Mark Brnovich



Consumer Complaint Form

YOUR NAME AND ADDRESS

Blank lines for name and address

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

File No.:
Category: PS
V
Letter:
Closing:
RT:
CC:
Copy To:
Send To:

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

May we send a copy of this to the person or firm you are complaining against? YES NO

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

