CONSUMER COMPLAINT FORM

Missouri Attorney General
Jeremiah W. (Jay) Nixon

CONSUMER

NAME
LAST ________________________________ FIRST ________________________________ MI ________________________________

ADDRESS
STREET ________________________________ CITY ________________________________ STATE _______ ZIP _______ COUNTY _______

HOME PHONE ( ) ____________________ WORK PHONE ( ) ____________________ E-MAIL ________________________________

MY COMPLAINT IS AGAINST __________________________________________________________

COMPANY

ADDRESS
STREET ________________________________ CITY ________________________________ STATE _______ ZIP _______ COUNTY _______

PHONE ( ) ____________________ WEB SITE ________________________________ E-MAIL ________________________________

PERSON YOU DEALT WITH
NAME ________________________________ TITLE ________________________________

PRODUCT OR SERVICE DISPUTED ______________________________________________________

DATE OF TRANSACTION/PURCHASE
(For example: 05 01 00) MONTH DAY YEAR

AMOUNT PAID $ ________________________________

HOW & WHERE DID YOU LEARN ABOUT PRODUCT OR SERVICE?

PAYMENT

METHOD OF PAYMENT
☐ CASH ☐ CREDIT/DEBIT CARD ☐ LOAN ☐ LAY-AWAY ☐ CHECK ☐ OTHER

DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS?
☐ YES ☐ NO

Copies of any documents produced for payment (such as contracts, warranties, checks — front and back) must be returned with this complaint form.
BRIEFLY EXPLAIN YOUR COMPLAINT


WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?


HOW DO YOU WANT THIS COMPLAINT RESOLVED?

☐ REFUND  ☐ REPAIR  ☐ DELIVER PRODUCT  ☐ PERFORM SERVICE  ☐ REPLACE/TRADE

☐ OTHER _______________________________________________________

HAVE YOU BEEN SUED OR FILED A LAWSUIT ABOUT THIS COMPLAINT?

☐ NO  ☐ YES

NAME OF ANY AGENCY CONTACTED _______________________________________

AGENCY ADDRESS ________________________________________________

BY FILING THIS COMPLAINT, I UNDERSTAND THAT:
The Attorney General is not my private attorney, but enforces state consumer protection laws; I will testify in court to the facts stated in this complaint; and A copy of this complaint will be provided to the merchant against whom I am filing this complaint.

I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:

YOUR SIGNATURE ____________________________ DATE ____________________________