

CONSUMER COMPLAINT FORM



RETURN TO: Attorney General's Office
P.O. Box 899
Jefferson City, MO 65102

Missouri Attorney General
Jeremiah W. (Jay) Nixon

Phone: 800-392-8222
Web: www.ago.state.mo.us

www.PDFfill.com

CONSUMER

- MR.
- MRS.
- MS.

YOUR NAME _____ LAST _____ FIRST _____ MI _____

ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE () _____ WORK PHONE () _____ E-MAIL _____

COMPANY

MY COMPLAINT IS AGAINST _____

ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE () _____ WEB SITE _____ E-MAIL _____

PERSON YOU DEALT WITH _____ NAME _____ TITLE _____

PRODUCT OR SERVICE

PRODUCT OR SERVICE DISPUTED _____

DATE OF TRANSACTION/PURCHASE _____ MONTH _____ DAY _____ YEAR _____ AMOUNT PAID \$ _____
(For example: 05 01 00)

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.**