



RETURN TO:



FIRST

MI

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

(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.