

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

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 _____ AMOUNT PAID \$ _____
(For example: 05 01 00) MONTH DAY YEAR

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