

# 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

Multiple horizontal lines for writing the complaint details.

WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?

Multiple horizontal lines for writing the actions taken to resolve the complaint.

HOW DO YOU WANT THIS COMPLAINT RESOLVED?

- Checkboxes for REFUND, REPAIR, DELIVER PRODUCT, PERFORM SERVICE, REPLACE/TRADE, and OTHER.

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

- Checkboxes for NO and 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