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

2	☐ MR. ☐ MRS.								
UMB	YOUR NAME MS. LAST	FIRST			MI				
CONSUMER	ADDRESSSTREET	CITY	STATE	ZIP	COUNTY				
	HOME PHONE ()	WORK PHONE ()	E-MAIL						
	MY COMPLAINT IS AGAINST								
COMPANY	ADDRESS	CITY	STATE	ZIP	COUNTY				
	PHONE ()	WEB SITE	E-MAIL						
PRODUCT OR SERVICE	DATE OF TRANSACTION/PURCHASE MONTH DAY YEAR (For example: 05 01 00) HOW & WHERE DID YOU LEARN ABOUT PRODUCT OR SERVICE?								
PAYMENT	METHOD OF PAYMENT CASH	□ CREDIT/DEBIT CARD □ LOA		☐ CHEC	K □ OTHER				
PAY	Copies of any documents produced for payment (such as contracts, warranties, checks — front and back) must be returned with this complaint form.								

CONSUMER COM	PLAINT FORI	M		Missouri Attorney	General's Office
BRIEFLY EXPLAIN YOUR COMPLAINT					
WHAT ACTION HAVE YO	J TAKEN TO RES	OLVE THIS COME	PLAINT?		
HOW DO YOU WANT THIS COMPLAINT RESOLVED?	□ REFUND □ OTHER	□REPAIR	☐ DELIVER PRODUCT	☐ PERFORM SERVICE	□ REPLACE/TRADE
HAVE YOU BEEN SUED OR FILED A LAWSUIT ABOUT THIS COMPLAIN	_	S	AGENCY CONTACTED		
		AGENCY ADDRI	ESS		
DV FILING THIS C	OMBL AINT LL	INDEDCTAND	THAT		
I will testify in court	ral is not my pri to the facts sta	vate attorney, be ted in this comp	out enforces state consume		
			TS MADE IN THIS COMPI		
YOUR SIGNATURE				DATE	
TOOK SIGNATURE				DAIL	