



# CONSUMER COMPLAINT

OFFICE OF THE ARIZONA ATTORNEY GENERAL  
ATTORNEY GENERAL KRIS MAYES  
[www.azag.gov](http://www.azag.gov)

Section 1: YOUR INFORMATION		
YOUR NAME		YOUR STREET ADDRESS
BEST NUMBER TO CALL DURING DAY	EMAIL ADDRESS	CITY STATE ZIP CODE

Section 2: WHO YOU ARE COMPLAINING AGAINST		
NAME OF BUSINESS YOU ARE COMPLAINING AGAINST		STREET ADDRESS OF BUSINESS
PHONE NUMBER OF BUSINESS	EMAIL ADDRESS	CITY STATE ZIP CODE

**Section 3: AUTHORIZATIONS**

May we send a copy of this to the person or firm you are complaining against?  Yes  No  
 (By selecting the answer, "Yes," to the question, "May we send a copy of this to the person or business you are complaining against," I hereby authorize the Office of the Arizona Attorney General to communicate with the party(ies) against whom I have filed this complaint. I also authorize the party(ies) against whom I have filed this complaint to communicate with and provide information related to my complaint, including disclosure of non-public personal information, to the Office of the Arizona Attorney General in connection with this complaint. If your response is "No," we may be prevented from taking any action on your complaint.)

May we provide your name and telephone number to the media in the event of an inquiry about this matter?  Yes  No

May we send a copy of your complaint to another government agency for its review or investigation?  Yes  No

**Section 4: STATISTICAL INFORMATION (Optional)**

For statistical purposes, please indicate:

Your Age:  Under the age of 30  Between the age of 31-59  Between the age of 60-79  Over the age of 80

Military / Veteran:  Currently in military service  A veteran

How did you hear about our complaint form (please choose only one):

Called Phoenix AG Office  Visited an AG Satellite Office  Another Arizona State Agency/State Legislator  
 Called Tucson AG Office  An Out Of State Agency  Attended AG Presentation/Event  
 Went onto AG Website  Media: Newspaper/Radio/TV  Other

**Section 5: TELEMARKETING / ROBOCALL COMPLAINTS (If your complaint is not against a telemarketer, skip to Section 6)**

Is your complaint about a telemarketer or robocall?  Yes  No

Are you on the National Do Not Call Registry?  Yes  No

Date of phone call \_\_\_\_\_ List the phone number that called you \_\_\_\_\_ List the phone number that received the phone call \_\_\_\_\_

Was the caller offering a product or service?  Yes  No

What was the call about?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You do not need to fill out Section 6 unless applicable to your complaint. Please make sure to review your complaint for accuracy and then sign and date your complaint (located at Section 7 at the end of this form).

**Section 6: COMPLAINT DETAILS**

Was an oral or written warranty given?  Yes  No

Did you sign any documents?  Yes  No If yes, please attach a copy if possible.

Date of transaction: \_\_\_\_\_ Place of transaction: \_\_\_\_\_

Witness to transaction: \_\_\_\_\_ Salesperson's name: \_\_\_\_\_

Total amount of damages **(list actual loss only)**: \$ \_\_\_\_\_

Have you complained to the business?  Yes  No

What was the response?

Was the product or service advertised?  Yes  No

If yes, indicate the date and how it was advertised \_\_\_\_\_

Do you have an attorney?  Yes  No

If yes, please provide the attorney's name and address: \_\_\_\_\_

Is any legal action pending?  Yes  No

List any other consumer agencies contacted: \_\_\_\_\_

**PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT (attach additional pages if necessary)**

**Section 7: DECLARATION**

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true, correct, and based upon my personal knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_