

# CONSUMER COMPLAINT FORM

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OFFICE OF THE ATTORNEY GENERAL

ATTORNEY GENERAL MARK BRNOVICH

YOUR NAME \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BEST NUMBER TO CALL DURING DAY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF FIRM YOU ARE COMPLAINING AGAINST \_\_\_\_\_

ADDRESS OF FIRM \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER OF FIRM \_\_\_\_\_

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

Called Tucson AG Office

Went onto AG Website

Visited an AG Satellite Office

An out of State Agency

Media: Newspaper/Radio/TV

Another Arizona State Agency/State Legislator

Attended AG Presentation/Event

Other \_\_\_\_\_

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 their review or investigation? YES  NO

Was an oral or written warranty given? YES  NO

Did you sign any documents? YES  NO

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 firm? YES  NO

What was their 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 IN THE FOLLOWING PAGE PROVIDED.**

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 \_\_\_\_\_

