

INSTRUCTIONS:

Please type or print (use black ink.) Please send two copies (NOT original) of all relevant documents.

NOTE: A COPY OF THIS COMPLAINT WILL BE SENT TO THE PARTY YOU ARE COMPLAINING AGAINST AS PART OF OUR CONCILIATION EFFORT. IF YOU DO NOT WANT A COPY OF THE COMPLAINT OR SOME PART OF IT SENT TO THE BUSINESS OR OTHER AGENCIES, PLEASE EXPLAIN: _____

&

Your Name: _____

Mr., Mrs., Ms., Miss (circle one)

Name of Business/Individual Complaint

Against: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

County: _____ Zip Code: _____

County: _____ Zip Code: _____

Home Phone: _____

Phone: _____

Work Phone: _____

Bus. Contact Person: _____

&

Date of transaction: _____

Product or service involved: _____

Amount Paid: _____ Paid by: Cash Credit Card Loan

Where did transaction take place: _____

Have you complained to the business: Yes No
If yes, what action was taken? _____

Have you filed this complaint with any other agency or organization?
 Yes No

If yes, identify organization: _____
What action was taken? _____

What private legal action have you taken? _____

(PLEASE CONTINUE ON OTHER SIDE)

FOR OFFICE USE ONLY

&

Type of Prod/Ser: _____

How Received: Mail Other Referral

Send: _____

Ref. to: _____

