

File#:

- ! The information you report on this form will be used to help us investigate violations of consumer laws.
! **The Attorney General's Office does not resolve individual consumer complaints.**
! This complaint and the information you provide are records open to the public under Texas Law.
! We may send a copy of this form to the Business, so **please write legibly and use black ink only.**
! Please attach copies of any documents necessary to explain the transaction but **do not send original documents.**
! The Attorney General's Office will contact you if additional information is needed.

Consumer Information

Business or Individual Complaint is Against

Name		Name
Address		Address
City		City
State Zip		State Zip
Home Phone ()	Work Phone ()	Phone ()
Email address		Person you dealt with:
Age <input type="checkbox"/> Under 19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over		Website or Email address:

1. Initial contact between you and the business:
 - ☐ Person came to my home
 - ☐ I went to company's place of business
 - ☐ I received a telephone call from business
 - ☐ I telephoned the business
 - ☐ I received information in the mail
 - ☐ I responded to radio/television ad
 - ☐ I responded to printed advertisement
 - ☐ I responded to a Website or e-mail solicitation
 - ☐ I responded to a solicitation in a language other than English (What language?) _____
 - ☐ Other _____
 2. Where did the transaction take place?
 - ☐ At home
 - ☐ At business
 - ☐ By mail
 - ☐ Over the phone
 - ☐ Over the computer
 - ☐ Trade Show or Hotel
 - ☐ Other _____
 3. Date(s) of Transaction(s) _____
 4. Did you sign a contract?
 - ☐ Yes (please enclose a copy)
 - ☐ No
 5. How much did the company/individual ask you to pay? _____
 6. How much did you actually pay? \$ _____ ☐ Cash ☐ Credit Card ☐ Loan ☐ Check
☐ Bank Account Debit ☐ Wire Transfer ☐ Money Order ☐ Cashiers Check ☐ Debit Card
- Date(s) of Payment: _____

7. Have you contacted another agency or attorney about this complaint? ☐ Yes ☐ No

If yes, list name and address of the agency or attorney.

8. What action was taken by this agency or attorney?

9. Please describe your complaint in detail (attach extra sheets if necessary).

[illegible]

10. Have you complained to the business? ☐ No ☐ Yes If yes, when?

What was the business' response?

11. Have you been sued in relation to this transaction?

Texas law prohibits us from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

In signing this complaint I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint for informational purposes only.

The above statements are true and accurate to the best of my knowledge.

Signature

Date _____

Please return this form to: Office of the Attorney General
P.O. Box 12548
Austin, Texas 78711-2548