



CONSUMER COMPLAINT FORM

CONSUMER PROTECTION

501 Washington Avenue
Post Office Box 300152
Montgomery, Alabama 36130-0152
www.ago.alabama.gov

Telephone: (334) 242-7334
Fax: (334) 242-2433
Toll Free: 1 (800) 392-5658
Please Print Legibly In Ink

YOUR CONTACT INFORMATION

Prefix First Name Middle Last Name Suffix Age

Address

City State or Province Zip/Postal Code County

Mobile Work Home Mobile Work Home

Preferred Contact Phone Number (include area code)

Alternate Contact Phone Number (include area code)

E-mail address and/or Website

INFORMATION REGARDING THE BUSINESS COMPLAINED AGAINST

Name of Business Complained Against

Address

City State or Province Zip/Postal Code County

Phone Number

E-mail address and/or Company Website

Date of Incident or Transaction

Did you sign a contract? Yes No

Name of Salesperson

Have you contacted the business regarding the complaint? Yes No

Please indicate the type of Product or Service:

Estimate of dollars involved

How were you first contacted? at your premises at the firm's premises telephone radio/tv
newspaper/magazine mail solicitation e-mail solicitation

Have you consulted an attorney? Yes No

If so, list their name(s)

Is there a court action pending? Yes No

If so, please list court name and case number

