

CONSUMER COMPLAINT

State of Arkansas

Office of the Attorney General

Consumer Protection Division
(501) 682-2341 1 (800) 482-8982 (in Arkansas)

200 Tower Building
323 Center Street
Little Rock, AR 72201-2610

Please type or print with ink. *A copy of this complaint will be sent to the party complained against.*

Your Name

Firm/Individual Complained Against

Your Address

Address

City, State, Zip Code

City, State, Zip Code

Home Telephone

Work Telephone

Telephone

Did you sign a contract? _____ Your Age _____

Date of Transaction _____

Name of Salesperson _____

Have you contacted the company? _____

Product or Service Involved _____

Have you consulted an attorney? _____

Who? _____

Is there court action pending? _____

Where? _____

Estimate of dollars involved: _____

Your view as to a fair resolution of this matter: _____

PLEASE EXPLAIN THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT. ENCLOSE **COPIES (NOT ORIGINALS)** OF ANY CONTRACTS, SALES SLIPS, CANCELLED CHECK, ADVERTISEMENTS, CORRESPONDENCE OR RELATED DOCUMENTS. *Attach additional sheets if necessary.*

The information contained herein is true and accurate to the best of my knowledge. I understand that the Arkansas Attorney General's Office does not represent individuals in matters involving private disputes. I am, however, filing this complaint to notify the Attorney General's Office of the activities of this party and for any other assistance which may be rendered. I give my permission for this complaint to be referred to other agencies when appropriate.

Date _____

Signature of person filing complaint