CONSUMER COMPLAINT

OFFICE OF ATTORNEY GENERAL
CONSUMER PROTECTION
SFN 7418 (05/2014)

1. **Please attempt to contact the company or individual before filing this complaint with the Attorney General.**
2. **Complete entire form and type or print clearly in dark ink. We cannot process incomplete forms.**
3. **Attach *copies* (not originals) of documents relating to your complaint**
4. **Mail the completed form to the address provided on the back of this form. Keep a copy for your files.**

CONSUMER INFORMATION			BUSINESS INFORMATION		
Your Name (first, last)			Business/Organization Your Complaint is Against		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number (home)	Telephone Number (cell)		Telephone Number (business)	Telephone Number (cell)	
Telephone Number (work)	E-Mail Address		Contact Person	Fax Number	
Age (optional) ☐ 65+	Gender (optional) ☐ Male ☐ Female		E-Mail or Website Address		

When filling out this form, please keep in mind that a copy of this complaint form may be forwarded to the party or firm complained against.

INFORMATION ABOUT THE TRANSACTION OR EVENT

Transaction or Event Date	Product or Service Involved	Amount of Money Already Paid

Paid By
☐ Cash ☐ Check ☐ Debit Card ☐ Credit Card ☐ Money Order ☐ PayPal ☐ Wire Transfer ☐ Cashier's Check ☐ Loan

Amount of Money Still Owed According to Person or Firm

What Would You Consider a Satisfactory Resolution to This Matter
☐ Refund ☐ Product Delivery ☐ Service Performed ☐ Other (Explain) _____

Seeking Resolution	Amount of Refund Requested
☐ No ☐ Yes ☐ Filing Complaint for Reporting Purposes Only	

FIRST CONTACT BETWEEN YOU AND PERSON COMPANY COMPLAINED AGAINST (Number most appropriate boxes in order of occurrence)	WHERE DID THE TRANSACTION TAKE PLACE (Number most appropriate boxes in order of occurrence)
☐ I went to the company's place of business.	☐ At the firm's place of business
☐ I received a telephone call from the company.	☐ At my home
☐ I contacted or went to the firms temporary place of business.	☐ Away from the firm's place of business (i.e. at your work)
☐ The company came in person to my home or place of work.	☐ Over the telephone
☐ I responded to a radio/TV, or written advertisement.	☐ By mail
☐ I received written information in the mail from the firm.	☐ On the internet
☐ I found information on the internet.	☐ There was no transaction

What Type of Sale Was This Transaction
☐ Door to Door ☐ Retail ☐ Telephone ☐ Mail Order ☐ Internet ☐ Seminar ☐ Mailer

Have You Complained to the Business or Organization	If Yes, How
☐ No ☐ Yes	☐ By Mail ☐ By Telephone ☐ In Person
Complaint Date	Contact Person
Nature of Response	Response Date (provide copy of the response)

Did You Sign a Contract or Written Agreement ☐ No ☐ Yes - If yes, attach a copy	Did You Receive a Contract or Receipt ☐ No ☐ Yes - If yes, attach a copy
Have You Retained an Attorney Regarding This Complaint ☐ No ☐ Yes	Attorney's Name/Lawfirm if Retaining an Attorney
Have You Filed a Lawsuit Against the Business or its Owner/Employees ☐ No ☐ Yes	Where and What was the Result
Have You Filed a Complaint With Any Other Agencies ☐ No ☐ Yes	List the Name of Agencies

EXPLANATION OF TRANSACTION OR EVENT

Please describe the transaction or event and your complaint. You may use additional sheets if necessary. Be sure to tell WHAT happened, WHEN it happened, and WHERE it happened. Include information regarding any representations you feel to be deceptive, misleading, or false. Be specific about any oral statements the business made to you, especially those that influenced you to deal with the company. Attach COPIES of all contracts, letters, receipts, canceled checks (front & back), advertisements, or any other papers that relate to your complaint.

The statements contained in this complaint are true and accurate to the best of my knowledge. I wish to file a complaint against the party named. I understand the Consumer Protection and Antitrust Division is not permitted to engage in the private practice of law and therefore is not my lawyer or legal representative. I am, however, filing this complaint to notify the Consumer Protection Division of activities of the person/firm about which I have complained.

READ THE FOLLOWING BEFORE SIGNING BELOW

In filing the complaint, I understand the following:

1. **The Attorney General is not my private attorney, but represents the public interest in enforcing consumer protection laws.**
2. **The Attorney General cannot provide legal advice to me. If I have any questions concerning my legal rights or responsibilities, including the time limits within which I must file any private action, I should contact a private attorney.**
3. **I understand that by submitting this complaint to the Attorney Generals office my complaint and any response from the business will become public record under state law. Public records are subject to disclosure in response to requests for public records.**
4. **I authorize the Attorney General to send this complaint to the business or organization named in this complaint, or to other appropriate agencies. I hereby give my consent to the disclosure of the contents of this complaint.**
5. **I certify that the information given in this complaint is true and correct to the best of my knowledge.**

Signature (Required)	Date

ATTACH THE FOLLOWING TO THE COMPLAINT 1. Copy of any contract, written agreement. 2. Copy of any receipt. 3. Copy of any cancelled check or other proof of payment. 4. Copy of any written advertisement. 5. Copy of any correspondence or other related documents.	SEND TO: **CONSUMER PROTECTION DIVISION** **Office of Attorney General** **Gateway Professional Center** **1050 E Interstate Ave Ste 200** **Bismarck ND 58503-5574**

Thank you for taking the time to complete this Consumer Complaint form.
The information you have provided will help us in our effort to resolve your consumer problem.

Wayne Stenehjem
ATTORNEY GENERAL