



ATTORNEY GENERAL
LESLIE RUTLEDGE

ARKANSASAG.GOV

CONSUMER COMPLAINT FORM

Type or print with ink. If you are completing this form for someone else, include that information in the explanation.

Your Name

Company/Individual Complaint Against

Your Address

Address

City, State, Zip Code

City, State, Zip Code

Your Email

Your Age

Phone

Phone Mobile Home Work

Email and/or Website

May we communicate with you via email? Yes No

Are you active duty military? Yes No

Are you a veteran? Yes No

Do you have a disability? Yes No

Salesperson, employee name

Account number (if known) _____

Product or service involved _____

Transaction date _____

Did you sign a contract? Yes (enclose copy) No

Estimated amount paid _____

Payment method: Credit Card Debit Card

Cash Check Bank Account Debit Wire Transfer Money Order Cashier's Check Loan

How did you first encounter this business?

Home visit

Phone call from business

Received mail

Responded to printed advertisement

Other _____

Responded to solicitation in language other than English (What language?) _____

Went to company's place of business

Called the business

Responded to radio/television ad

Responded to website or email solicitation

Where did the transaction or purchase take place?

At my home

At the business's location

By mail

Over the phone

Via the internet

Trade show or hotel

Other _____

Have you contacted another agency about this complaint? Yes No If yes, list name and address of the agency.

If yes, what action was taken by this agency? _____

Have you complained directly to the business? Yes No If yes, when and by what means (phone, email, etc.)?

What was the business's response? _____

EXPLAIN YOUR VIEW AS TO A FAIR RESOLUTION AND THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT. INCLUDE **COPIES (NOT ORIGINALS)** OF RELATED CONTRACTS, RECEIPTS, CANCELLED CHECKS, CORRESPONDENCE, ADVERTISEMENTS OR DOCUMENTS.

The information is true and accurate to the best of my knowledge. I understand the Arkansas Attorney General's office does not represent individuals in matters involving private disputes. I am filing this complaint to notify the Attorney General's office of activities of this party and for any other assistance that may be rendered, including attempted resolution of my complaint or referral to another appropriate entity. **I understand a copy of what I submit to the Attorney General's office will be provided to the party I am complaining against in an effort to resolve the complaint.** I authorize the party against which I have filed a complaint to communicate with and provide information to the Arkansas Attorney General's office. I also understand that my complaint may be referred to other agencies. I acknowledge that the Attorney General will keep a record of this complaint and it may be deemed a public record subject to disclosure under the Arkansas Freedom of Information Act.

Signature of person filing complaint

Date

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