



File#: _____

The contact information MUST be provided as we correspond by U.S. Mail. Incomplete forms cannot be processed. Only one business per complaint form. (Send original and one (1) copy.) PLEASE WRITE LEGIBLY.

Consumer Information

Business or Individual Complaint Is Against

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Name: Mr., Mrs., Ms., Miss (Circle One) | Name: |
| Address: | Address: |
| City: | City: |
| State: Zip Code: | State: Zip Code: |
| Home Phone: | Phone: |
| Work Phone: | Business Contact Person: |
| Email Address: | Website or Email Address: |
| 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 | |

- 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 a printed advertisement
 - I responded to a website or email solicitation
 - I responded to a solicitation in a language other than English (what language?) _____
 - Other _____
- Where did the transaction take place?
 - At home
 - By business
 - By mail
 - Over the phone
 - Over the computer
 - Trade show or hotel
 - Other _____
- Date of Transaction: _____
- Did you sign a contract? Yes (please enclose a copy) No
- Product or Service Involved (if car, new or used): _____
- Actual Amount Paid: _____ Check Cash Credit Card Loan Wire Transfer
 Money Order Cashier Check Debit Card Bank Account Debit
- Have you contacted the business? Yes No
If yes, what action was taken? _____
- Have you contacted another agency or organization? Yes No
If yes, name of agency or organization. _____
- Have you retained an attorney? Yes No Has a lawsuit been filed? Yes No

(PLEASE CONTINUE ON OTHER SIDE)

FOR OFFICE USE ONLY

Product/Service _____ Send: _____ Ref To: _____ Comment: _____

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

What would you consider a fair resolution of this complaint? _____

Oklahoma 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 you understand that the Attorney General does not represent citizens seeking the return of their money or other personal remedies. The above statements are true and accurate to the best of my knowledge.

I understand a copy of the complaint will be sent to the company or individual that this complaint has been filed against or to the appropriate agency.

Your Signature Required: _____ Date: _____

(ATTACH COPIES. DO NOT SEND ORIGINALS)

Please return this form to: Office of Attorney General
Consumer Protection Unit
313 N.E.21st Street
Oklahoma City, OK 73105

February 2017