



Indiana Attorney General

Steve Carter

CONSUMER COMPLAINT

To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type.

1. Your Name?

Mr. Mrs. Miss Ms.

Your Name _____

Address _____

City _____

County _____

Daytime Phone (____) _____

Evening Phone (____) _____

E-mail _____

2. Who is Your Complaint Against?

Name/Firm _____

Address _____

City _____ State _____

County _____ Zip _____

Phone (____) _____

Person you dealt with _____

E-mail _____

Type of business: Charity Real Estate
 Newspaper Insurance
 Other: _____

3. When did the Transaction/Incident occur?

Date: _____

Time: _____

AM
PM

4. Where did the Transaction/Incident you are complaining about take place?

At the firm's place of business Away from the firm's place of business (at work, a convention...)
 By telephone By mail By Internet/e-mail My home Other: _____

5. What was the very first Contact between You and the Firm?

I telephoned the firm I went to the firm's place of business
 I responded to a radio/TV ad I received a telephone call from the firm
 A person came to my home I responded to an offer on the Internet
 I received information by e-mail I responded to a printed advertisement
 I received information in the mail Other: _____

6. Did the Firm call you at your phone number?

Yes No

Did the caller want you to either buy something or make a donation? Yes No

Was your phone number on Indiana's Telephone Privacy List? Yes No

What was your phone number that the firm called? (____) _____

Your phone number that the firm called was a: Business phone Cell phone Residential phone

Did the firm believe you owed them money when they called you? Yes No

Before you received the call, had you asked the firm to call you? Yes No

The person that called you was: An employee of the firm/charity A volunteer
 There was no person, just a recording A professional fundraiser/telemarketer I don't know

7. Do you consent to the Consumer Protection Division disclosing to the public the following:

The nature and status of your complaint and the name of the firm? Yes No

Your name? Yes No Your phone number? Yes No

— PLEASE BE SURE TO ANSWER THE ADDITIONAL QUESTIONS ON THE OTHER SIDE OF THIS FORM —

8. What was the Transaction for? My business My family/household My farm

9. How did you pay? Cash Medicare Installment Loan Credit Card
 Check Medicaid Private Insurance Other:

10. Did you sign any written agreement? Yes No **If Yes, please attach a copy of the agreement**

11. Have you complained to the business? Yes No When? _____

What action was taken? _____

12. With what other agency have you filed this complaint? _____

What action was taken? _____

13. Have you contacted a private attorney? Yes No

14. Have you started court action? Yes No **If Yes, please attach a copy of all court papers**

15. Have you been sued over this issue? Yes No **If Yes, please attach a copy of all court papers**

16. Please Describe Your Complaint in Detail. (Attach an extra sheet if necessary.)

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents.) Please **print** clearly or type: _____

17. How would you like your complaint resolved? _____

I certify that the information on this form is true and accurate to the best of my knowledge. I consent to the respondent and any other person releasing to the Consumer Protection Division any information or document the Division requests in investigation of this complaint.

Your Signature _____ Date _____

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office cannot disclose your complaint against any other person or firm without your consent. This office represents the State of Indiana and is strictly limited in what remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you should contact a private attorney or a small claims court.

Attorney General Steve Carter
Consumer Protection Division
402 West Washington Street
Indianapolis, Indiana 46204

Telephone: (317) 232-6330
Toll Free: (800) 382-5516
Fax: (317) 233-4393
Web Site: www.in.gov/attorneygeneral