



If you would like to file a consumer complaint, please complete and mail this form to: Missouri Attorney General's Office • Consumer Protection Unit • P.O. Box 899 • Jefferson City, MO 65102

Information About Consumer

YOUR NAME First Last Mi

ADDRESS Street City State Zip County

E-MAIL

PRIMARY PHONE NO. () - ARE YOU 60 OR OVER? Yes No

SECONDARY PHONE NO. () - ARE YOU DISABLED? Yes No ARE YOU A VETERAN? Yes No

Information About Complaint

BUSINESS NAME

ADDRESS Street City State Zip County

DATE OF TRANSACTION/PURCHASE MM/DD/YYYY 20 AMOUNT PAID \$

BRIEFLY DESCRIBE YOUR COMPLAINT You may attach a separate sheet of paper if you need more space.

BUSINESS PHONE NO. () - FINANCIAL LOSS? Yes No

BUSINESS FAX NO. () - IS CONTRACT SIGNED? Yes No

E-MAIL WEBSITE

CONTACT NAME CONTACT TITLE



Information About Product or Service

PRODUCT OR SERVICE DISPUTED _____

PAYMENT METHOD Cash Credit Card Debit Card Loan Layaway Check Other

Information About Resolution

WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?

- No action taken, Sent email to business, Sent letter to business, Filed a lawsuit, Contacted a private attorney, Filed a complaint with another agency, Other (please explain)

HAVE YOU CONTACTED ANY OTHER AGENCIES?

- MO Department of Revenue, Federal Trade Commission (FTC), Consumer Financial Protection Bureau (CFPB), Better Business Bureau, MO Secretary of State, Internet Crime Complaint Center (ICCC), Police Department (enter agency name)

HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

- Cancel, Refund, Deliver product, Perform service, Repair, Replace/Trade, Investigate business, Other (please explain)

Your Verification

BY FILING THIS COMPLAINT, I UNDERSTAND THAT:

The Attorney General is not my private attorney, but enforces state consumer protection laws; I would be willing to testify in court to the fact stated in this complaint; A copy of this complaint will be provided to the merchant against whom I am filing this complaint; and In accordance with Missouri law, consumer complaints are "public records," subject to public disclosure upon request. My complaint, including my name, address and related documents, may be provided pursuant to a Sunshine Law request.

I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:

YOUR SIGNATURE _____ DATE MM/DD/YYYY 20__