E. SCOTT PRUITT
OKLAHOMA ATTORNEY GENERAL

CONSUMER COMPLAINT FORM

File#:

The contact information MUST be provided as we correspond by U.S. mail. Incomplete forms cannot be processed.
PLEASE WRITE LEGIBLY.
Only one business per complaint form.

Consumer Information	Business or Individual Complaint Is Against
Name	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: ☐Under 19 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60-64 ☐65 or over

1. 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_____

2. Where did the transaction take place?
   - ☐At home
   - ☐By business
   - ☐By mail
   - ☐Over the phone
   - ☐Over the computer
   - ☐Trade show or hotel
   - ☐Other_____

3. Date of Transaction:_____

4. Did you sign a contract? ☐Yes(please enclose a copy) ☐No

5. Product or Service Involved (if car, new or used):_____

6. Actual Amount Paid: _____☐Check ☐Cash ☐Credit Card ☐Loan ☐Wire Transfer
   ☐Money Order ☐Cashier Check ☐Debit Card ☐Bank Account Debit

7. Have you contacted the business? ☐Yes ☐No
   If yes, what action was taken?_____

8. Have you contacted another agency or organization? ☐Yes ☐No
   If yes, name of agency or organization._____

9. 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).

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.

Your Signature Required:_____Date:_____

(ATTACH COPIES. DO NOT SEND ORIGINALS)

Please return this form to: Office of Attorney General
Public Protection Unit
Attn: Investigative Analyst
313 NE 21st Street
Oklahoma City, OK 73105

October 2011