



# Consumer Complaint Form

Office of the Attorney General  
Consumer Complaints and Information  
One Ashburton Place  
Boston, MA 02108

If your complaint is urgent or if you seek an accommodation due to a disability, please call the Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337.

To use all form features and for best accessibility, download the free Adobe Reader version 8 - link on our website.  
If using JAWS screen reader, use Forms mode.

## Your information:

Name

Address

City  State  Zip

Phone   Daytime phone (Note: we can only contact you by telephone Monday - Friday, from 9am to 5pm. )  
 Evening phone

Email

Check here if you are over 60.  
(Note: you are not required to provide this information to file a complaint, but having it may help us serve you more effectively.)

Please check indicating whether you are filing the complaint as an individual or as a business.  
 Business  Individual

## Information on the business or organization that is the subject of this complaint:

Business Name

Address

City  State  Zip

Phone

Type of Business

## Information on your complaint:

Describe the problem or concern that this complaint is about.

## Information on your complaint, continued

What outcome do you seek from filing this complaint?

If you are requesting mediation, what resolution do you seek?

Have you complained directly to the business? If yes, check here.

Have you previously contacted the Attorney General's Office or other agencies about this problem? If yes, check here.

If yes, please specify dates of previous contacts with AG's Office and/or other agencies you have contacted.

Have you hired an attorney to represent you in this matter? If yes, check here.

Has this matter ever been taken to court? If yes, check here.

## Review, sign, and submit your complaint:

**1. Review the confidentiality of your complaint:** Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

If you no longer wish to file this complaint and wish to clear the data you have entered, click on:

**2. Are you willing for us to send this complaint to the business** you are complaining about and  do you authorize that business to release any and all information with regard to this complaint to the Attorney General's Office. If yes, please check.

### 3. Read this important notice and sign your complaint.

I understand when I submit this complaint that the Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer. I also understand that the Attorney General's Office may need to forward this complaint to another agency for response, including one of its designated Local Consumer Programs.

Signed by:

Date/Time

## If you prefer to contact us by regular mail or have copies of documents to submit in support of your complaint:

Please fill the form out online and print it, or if you prefer, print a copy of the blank form and fill it in by hand. Sign and mail to the address shown at the top of the form.

### For forms submitted by email using this *fillable* form:

Fill in your name on the *Signed By* line, and check the box next to *Declaration*.

By filling in my name and checking this box, I certify that the information I have provided is true and correct to the best of my knowledge, and that I adopt this as my online signature.

**Declaration**

Note: emailing this form requires an email account. If you do not have an email account available, you can print the form and submit it by regular mail.