

File#:

- ! The information you report on this form will be used to help us investigate violations of consumer laws.
- ! **The Attorney General's Office does not resolve individual consumer complaints.**
- ! This complaint and the information you provide are records open to the public under Texas Law.
- ! We may send a copy of this form to the Business, so **please write legibly and use black ink only.**
- ! Please attach copies of any documents necessary to explain the transaction but **do not send original documents.**
- ! The Attorney General's Office will contact you if additional information is needed.

Consumer Information

Business or Individual Complaint is Against

Name		Name
Address		Address
City		City
State	Zip	State Zip
Home Phone ()	Work Phone ()	Phone ()
Email address		Person you dealt with:
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		Website or Email address:

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 printed advertisement
 - I responded to a Website or e-mail solicitation
 - I responded to a solicitation in a language other than English (What language?) _____
 - Other _____
2. Where did the transaction take place?
 - At home
 - At business
 - By mail
 - Over the phone
 - Over the computer
 - Trade Show or Hotel
 - Other _____

3. Date(s) of Transaction(s)

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

5. How much did the company/individual ask you to pay? _____

6. How much did you actually pay? \$ _____ Cash Credit Card Loan Check
 Bank Account Debit Wire Transfer Money Order Cashiers Check Debit Card

Date(s) of Payment: _____

