



CONSUMER COMPLAINT FORM

Office of the NATIONAL CONSUMER RIGHTS COMMISSION

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

1. YOUR INFORMATION						2. WHO IS YOUR COMPLAINT AGAINST?				
Mr.	Mrs.	Miss	Ms.	Dr.	Name	Name/Firm _____				
_____						Address _____				
Address _____						City _____ State _____				
City _____ State _____						ZIP _____ County _____				
ZIP _____ County _____						City _____ State _____				
Age	18-24	25-34	35-44	45-54	55-64	65+	ZIP _____ County _____			
Age 18-24 25-34 35-44 45-54 55-64 65+						Phone () _____ Day				
Phone () _____ Evening						E-mail _____				
E-mail _____						Person you dealt with _____				
3. WHEN DID TRANSACTION/INCIDENT OCCUR?						Date	Time	AM	PM	
4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)										
At the firm's place of business						By Mail				
My home						By Internet/e-mail				
Away from the firm's place of business (work, convention, etc.)						By telephone				
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 TV/radio 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. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC?						7. WHAT WAS THE TRANSACTION FOR?				
The nature and status of your complaint and the name of the firm?						My business				
Your name?						My family/household				
Your phone number?						My farm				
8. HOW DID YOU PAY?										
Cash		Credit Card		Medicaid		Private Insurance				
Check		Installment Loan		Medicare		Other _____				
9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.									Yes	No

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	Yes	No
When? _____ Action taken? _____		

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?
When? _____ Action taken? _____

12. HAVE YOU CONTACTED A PRIVATE LAWYER	Yes	No
--	-----	----

13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	Yes	No
---	-----	----

14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	Yes	No
--	-----	----

15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY.

16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES 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. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

18. CONSENT AND VERIFICATION
I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments, are true. The information I have provided in this complaint form is based upon my personal knowledge. I consent to NATIONAL CONSUMER RIGHTS COMMISSION obtaining or releasing any information in furtherance of the disposition of this complaint. I understand providing any wrong information found wrong the consumer rights commission have rights to file the case against me.
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 represents the State of Indiana and is limited in the 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 may want to consider contacting a private attorney or your local small claims court.

FOR OFFICE USE ONLY				
COMPLAINT NO	Received By Name :	Date OF Received:		
City:	State:	zip code:	mobile:	Email:
ACTION TAKEN (KINDLY ATTACH COPY OF DETAILED NOTICE)	DATE :	TIME:		
president sign :	General.secretary / secretary sign			