

File#:
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- 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: \_\_\_\_\_

