



**GEORGIA DEPARTMENT OF LAW, CONSUMER PROTECTION DIVISION**  
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 ATLANTA, GEORGIA 30334-9077  
 PHONE: 404-651-8600 (ATLANTA)  
 TOLL-FREE IN GA OUTSIDE METRO ATLANTA: 800-869-1123  
 FAX: 404-651-9018

## CONSUMER COMPLAINT FORM

*The Consumer Protection Division of the Georgia Department of Law has the authority to investigate business or trade practices and take legal action **on behalf of the State of Georgia** to stop false, misleading, deceptive or unfair business acts and practices that occur in consumer transactions.*

We request that you first work with the company or individual you are reporting in an effort to resolve your dispute before filing a complaint. If this proves unsuccessful, we invite you to submit this form to the address above. Please be sure to enclose legible copies of important papers concerning the matter, such as contracts, invoices, proof of payment, and correspondence to and from the business. **Do not send original documents.** Do **not** include your DOB, social security number of any other personal identifying or financial information.

**By submitting this form, you are acknowledging that you understand that:**

- The Department of Law **does NOT** represent individual citizens in any capacity. We cannot act as your private attorney and we are prohibited by law from providing legal advice.
- In our discretion, this form, its attachments and all related correspondence may be provided to another agency/entity for review or resolution, or sent to the business or person identified in the complaint in an effort to facilitate a resolution for the dispute.

Unless you check this box, you are agreeing that you wish your complaint to be submitted to the business or person the complaint is against and releasing us to do so. *No action will be taken by this office if you check the box.*

- If the business does not respond or you are dissatisfied with the response, and you want to pursue the matter further, we will most likely suggest you contact an attorney of your choice for any subsequent action.
- This form and all items/documents/communications you send us are public records and subject to Georgia's Open Records Act. This law requires most public records (with the exception of your personal identifying information) to be available for inspection to anyone upon request after the closure of your complaint.

If you do not want your identity shared with *any* entity, submit your complaint to this office anonymously and do not provide any identifying information such as your name, address or telephone number.

- Georgia law provides that companies engaging in unfair and deceptive activities against people 60 or older can be assessed additional penalties. Please check this box if you were 60 or older when the dispute occurred.
- Your complaint notifies this office of activities of a company or individual and this information may be used to establish violations of Georgia law.

**The information provided is true and correct to the best of your knowledge.**

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

PLEASE TYPE OR PRINT LEGIBLY

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**CONSUMER'S CONTACT INFORMATION:**

Mr./ Mrs.  First Name:  Middle Name:  Last Name:

Mailing Address:

City:  State:  9-Digit Zip Code:

Home Phone:  Email:

Business Phone:  Fax:

We can accept complaints from third parties on behalf of consumers only in limited circumstances. If you are filing on behalf of another person, please give your contact information.

Mr./ Mrs.  First Name:  Middle Name:  Last Name:

Mailing Address:

City:  State:  9-Digit Zip Code:

Phone:  Email:

Relationship to Consumer:

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**INFORMATION ABOUT THE BUSINESS:**

Name:

Address:

City:  State:  9-Digit Zip Code:

Phone:  Web Address:

Dates you complained to the business:

Name(s) and title(s) of individuals at business with whom you dealt:

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