

CONSUMER COMPLAINT FORM

The Consumer Protection Division of the Office of the Attorney General 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 Office of the Attorney General **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.

PLEASE TYPE OR PRINT LEGIBLY

CONSUMER'S CONTACT INFORMATION:

	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.

	First Middle Name: Name:		
Mailing Address:			
City:		State: 9	-Digit ip Code:
Phone:		Email:	
Relationship to Consumer:			

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:

SPECIFICS OF YOUR DISPUTE OR COMPLAINT:

Product/ Service:						
Date of Occurrence: Total Cost: Amount Paid to Date:						
Did you sign a contract? O Yes O No Are you still making payments? O Yes O No						
Payment Method: O Cash O Check O Credit Card O Debit Card O Other						
For credit card transactions, have you contacted your credit card company about the dispute? O Yes O No						
Did you contact the company as the result of an advertisement? O Yes O No						
What type of ad? O TV O Radio O Newspaper/Magazine O Mail O Internet O Other						
Please describe your complaint briefly but with enough details to make the situation clear. Describe any claims you feel are deceptive, misleading or false. If needed, attach additional pages.						
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What form of relief have you requested, or what would you consider a satisfactory solution to the situation? (Refund, exchange, repair, etc.)						
Have you contacted another government agency? O Yes O No If yes, which agency and what was the result:						
Have you hired a private attorney? O Yes O No						
Attorney's name/phone number:						

Thank you for providing this information to the Consumer Protection Division of the Office of the Attorney General. You will hear from us after our review of the matter; this may be several weeks. We appreciate your patience since we handle matters in the order received.