



CONSUMER COMPLAINT
OFFICE OF ATTORNEY GENERAL
CONSUMER PROTECTION
 SFN 7418 (09-2018)

1. Please attempt to contact the company or individual before filing this complaint.
2. Complete entire form and type or print clearly in blue or black ink. We cannot process incomplete forms.
3. Attach copies (not originals) of the documents relating to your complaint.
4. Mail the completed form to the address shown at the bottom of the form. Keep a copy for your files.

CONSUMER INFORMATION/OR YOUR INFORMATION

WHO IS THE COMPLAINT AGAINST

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Your Name (First, Last)		Business/Organization Your Complaint is Against			
Address				Address			
City		State	ZIP Code	City		State	ZIP Code
Daytime Telephone Number (work, cell, home, other)				Business Telephone Number		Cell Telephone Number	
Email Address				Contact Person		Fax Number	
Age (optional) <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+				Email or Website Address			

When filling out this form, please keep in mind that a copy of this complaint form may be forwarded to the party or firm complained against.

INFORMATION ABOUT THE TRANSACTION OR EVENT

Transaction or Event Date		Product or Service Involved			Amount of Money Already Paid	
Paid By <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> PayPal <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Loan						
Amount of Money Still Owed According to Person or Firm						
What Would You Consider a Satisfactory Resolution to This Matter <input type="checkbox"/> Refund <input type="checkbox"/> Product Delivery <input type="checkbox"/> Service Performed <input type="checkbox"/> Other (explain)						
Seeking Resolution <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Filing Complaint for Reporting Purposes Only				Amount of Refund Requested		

First Contact Between You and Person/Company Complained Against (Check all applicable boxes)		Where did the transaction take place? (Check all applicable boxes)	
<input type="checkbox"/> I went to the company's place of business. <input type="checkbox"/> I received a telephone call from the company. <input type="checkbox"/> I contacted or went to the firm's temporary place of business. <input type="checkbox"/> The company came in person to my home or place of work. <input type="checkbox"/> I responded to a radio/TV, or written advertisement <input type="checkbox"/> I received written information in the mail from the firm. <input type="checkbox"/> I found information on the Internet.		<input type="checkbox"/> At the firm's place of business. <input type="checkbox"/> At my home. <input type="checkbox"/> Away from the firm's place of business (i.e. at your work). <input type="checkbox"/> Over the telephone. <input type="checkbox"/> By mail. <input type="checkbox"/> On the Internet. <input type="checkbox"/> There was no transaction.	

What Type of Sale Was This Transaction <input type="checkbox"/> Door to Door <input type="checkbox"/> Retail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail Order <input type="checkbox"/> Internet <input type="checkbox"/> Seminar <input type="checkbox"/> Mailer			
Have You Complained to the Business or Person <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, How <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person	
Date of Contact		Contact Person	
Nature of Response		Response Date (provide copy of the response)	

Did You Sign a Contract or Written Agreement <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach a copy	Did You Receive a Contract or Receipt <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach a copy
Have You Retained an Attorney Regarding This Complaint <input type="checkbox"/> No <input type="checkbox"/> Yes	Attorney's Name/Law firm if Retaining an Attorney
Have You Filed a Lawsuit Against the Business or its Owner/Employees <input type="checkbox"/> No <input type="checkbox"/> Yes	Where and What was the Result
Have You Filed a Complaint With Any Other Agencies <input type="checkbox"/> No <input type="checkbox"/> Yes	List the Agencies

EXPLANATION OF TRANSACTION OR EVENT

Please describe the transaction or event and your complaint. You may use additional sheets if necessary. Be sure to tell WHAT happened, WHEN it happened, and WHERE it happened. Include information regarding any representations you feel to be deceptive, misleading, or false. Be specific about any statements the business made to you, especially those that influenced you to deal with the company. Attach COPIES of all contracts, letters, receipts, canceled checks (front & back), advertisements, or any other papers that relate to your complaint.

READ THE FOLLOWING BEFORE SIGNING BELOW

In filing the complaint, I understand the following:

1. The Attorney General is not my private attorney but represents the public interest in enforcing consumer protection laws.
2. The Attorney General cannot provide legal advice to me. If I have any questions concerning my legal rights or responsibilities, including the time limits within which I must file any private action, I should contact a private attorney.
3. I understand that by submitting this complaint to the Attorney General's office my complaint and any response from the business will become public record, subject to disclosure in accordance with state law.
4. I authorize the Attorney General's office to send this complaint to the business or organization named in this complaint, or to other appropriate agencies.
5. I certify that the statements and information in this complaint are true and correct to the best of my knowledge.

Signature	Date
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ATTACH THE FOLLOWING TO THE COMPLAINT (if applicable)

1. Copy of any contract, written agreement.
2. Copy of any receipt.
3. Copy of any canceled check or other proof of payment.
4. Copy of any written advertisement.
5. Copy of any correspondence or other related documents.

SEND TO

CONSUMER PROTECTION DIVISION
Office of Attorney General
Gateway Professional Center
1050 E Interstate Ave Ste 200
Bismarck ND 58503-5574

Thank you for taking the time to complete this Consumer Complaint form.
The information you provided will help us in our effort to resolve your consumer problem.

Wayne Stenejem
ATTORNEY GENERAL