



# CONSUMER COMPLAINT

Office of the Indiana Attorney General  
OAG Form 1080 (R1 / 05-16)

- INSTRUCTIONS:**
- 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.
  - Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

## Section 1: Your Information

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Full Name/Organization/Agency		
Street Address		City	State	Zip Code
County	Daytime Phone	Email Address		
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		<input type="checkbox"/> Yes <input type="checkbox"/> No May we contact you by email? If yes, we will not contact you by regular mail <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or your spouse active military?		

## Section 2: Who is the Complaint Against?

Individual/Business		Name of Individual/Representative you dealt with		
Street Address		City	State	Zip Code
County	Daytime Phone	Email Address		

## Section 3: Transaction/Incident Details

3-A: Date of Transaction/Incident	3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church			
3-C: Where did the Transaction/Incident occur? (check box where applicable)				
<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/Email			
<input type="checkbox"/> At the location of the business	<input type="checkbox"/> By Telephone			
<input type="checkbox"/> Away from the location of the business (work, convention, etc.)	<input type="checkbox"/> By Social Media			
<input type="checkbox"/> By Mail	<input type="checkbox"/> Other _____			
3-D: What was the very first contact between you and the Individual/Business?				
<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> I responded to a printed advertisement		
<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business	<input type="checkbox"/> Other, describe below:		
<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business			
<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the internet	_____		
3-E: How did you Pay?				
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-Pay	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Wire Transfer
<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Other _____
3-F: What, if any, is the Dollar amount associated with your loss?		\$		

## Section 4: Actions Taken by Consumer

<input type="checkbox"/> Yes <input type="checkbox"/> No	4-A: Have you complained to the Individual/Business? If yes, indicate when and what action was taken. _____ _____
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**Section 4 Actions Taken by Consumer - *continued***

<input type="checkbox"/> Yes <input type="checkbox"/> No	4-B: Have you filed a complaint with any other agency? If yes, indicate what agency, when filed and the action taken. <hr/> <hr/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-C: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-D: Have you hired a private attorney?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-E: Have you started a court action? If yes, please attach a copy of all court papers.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-F: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 5 Describe your Transaction/Incident in Detail – *attach additional pages if necessary***

Please attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

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**Section 6 How would you like your Complaint resolved?**

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**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business 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.

**Section 8 Mail Completed Forms to:**

Office of Attorney General Greg Zoeller  
 Consumer Protection Division  
 Government Center South, 5<sup>th</sup> Floor  
 302 W. Washington Street  
 Indianapolis, IN 46204  
 317-232-6330 (phone) • 317-233-4393 (fax)  
[www.IndianaConsumer.com](http://www.IndianaConsumer.com)

**Section 9 Consent and Verification**

Do you consent to disclosing the following information to the public? →

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The nature of the complaint and the individual/business name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date