



CONSUMER COMPLAINT

Office of the Indiana Attorney General
(R5 / 12-17)

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.		Street Address	
Full Name or Organization/Agency		City	State
Full Name or Organization/Agency		Zip Code	
If an Organization/Agency provide a Primary Contact Name		County	Daytime Phone
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+		Email Address	
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: Who is the Complaint Against?

Individual/Business		Name of Individual/Representative you dealt with	
Street Address		City	State
Street Address		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"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input type="checkbox"/> Wire Transfer
		<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: 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-B: Have you hired a private attorney?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-C: 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-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

