



# CONSUMER COMPLAINT FORM

Office of Kansas Attorney Stephen N. Six

Office Use Only	
Agent:	_____
Category:	_____
File No.:	_____

Return Form to:

**Consumer Protection/Antitrust Division**  
120 SW 10th Street, Suite 430  
Topeka, KS 66612-1597

**Consumer Infoline:**

785-296-3751  
Toll-Free in KS: 1-800-432-2310  
www.ksag.org

## 1. YOUR INFORMATION

Mr.  Mrs.  Miss  Ms. D.O.B. \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_ (required)

REGISTERED ON NO-CALL LIST?  Yes  No

EMAIL \_\_\_\_\_

## 2. WHO IS YOUR COMPLAINT AGAINST?

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL / WEB SITE \_\_\_\_\_

PERSON YOU DEALT WITH:

Name \_\_\_\_\_ Title \_\_\_\_\_

## 3. TRANSACTION INFORMATION

A. DATE OF TRANSACTION / PURCHASE? \_\_\_ / \_\_\_ / \_\_\_ TIME? \_\_\_\_\_  AM  PM

B. WHAT WAS THE TRANSACTION FOR?  Myself  My Business  My Corporation  My family/household

C. PRODUCT OR SERVICE INVOLVED:

D. AMOUNT PAID: \$ \_\_\_\_\_ PAID BY:  Cash  Check  Credit Card  Loan  Direct Deposit/Transfer

E. DID YOU SIGN A CONTRACT?  Yes  No DID YOU HAVE A VERBAL AGREEMENT?  Yes  No  
(If yes, please attach a copy of the contract, warranty or agreement)

F. WHERE DID THE TRANSACTION YOU ARE COMPLAINING ABOUT TAKE PLACE (Check one):

Over the Phone  At Home  At the Company  By Mail  Other \_\_\_\_\_

G. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE COMPANY (Check one):

Person Came to My Home  I Telephoned the Company  I Responded to a Radio/TV Ad/Mailing  
 I Visited the Company's Business  I Responded to an Email  I Received a Phone Call from the Company  
 I Responded to an Internet AD  Other, Please Explain \_\_\_\_\_

H. ARE YOU MAKING ANY PAYMENTS FOR THIS TRANSACTION?  Yes  No

If so, list company name, address and amounts paid: \_\_\_\_\_

I. I ALLEGE THIS TRANSACTION WAS DECEPTIVE BECAUSE: \_\_\_\_\_

J. I ALLEGE THIS TRANSACTION WAS UNCONSCIONABLE / UNSCRUPULOUS / UNETHICAL BECAUSE: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES -- INCOMPLETE FORMS MAY BE RETURNED

**4. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL** (Attach Additional Pages if Necessary)

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**HOW DO YOU WANT THIS COMPLAINT RESOLVED:**  Refund \$ \_\_\_\_\_  Repair  Product Delivery  
 Perform Service  Replace/Trade  Other \_\_\_\_\_

**5. ACTION YOU HAVE TAKEN**

**A. HAVE YOU COMPLAINED TO THE BUSINESS?**  Yes  No **When?** \_\_\_\_\_

**Describe Response or Why You Have Not Contacted The Business:** \_\_\_\_\_

**B. HAVE YOU FILED A COMPLAINT WITH ANOTHER AGENCY?** (Better Business Bureau, etc.)  Yes  No

**If Yes, What Was Their Response?** \_\_\_\_\_

**C. DO YOU KNOW OTHERS WITH SIMILAR EXPERIENCES WITH THIS BUSINESS?**  Yes  No

**If Yes, Who and What Was Their Result?** \_\_\_\_\_

**D. HAVE YOU CONTACTED A PRIVATE ATTORNEY?**  Yes  No **ATTORNEY NAME:** \_\_\_\_\_

**E. HAVE YOU STARTED A COURT ACTION?** IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS  Yes  No

**F. HAVE YOU BEEN SUED OVER THIS ISSUE?** IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS  Yes  No

**F. ARE YOU CONSIDERING FILING AN ACTION IN SMALL CLAIMS COURT?**  Yes  No

**6. DOCUMENTATION OF COMPLAINT**

Please provide copies of ALL documents relevant to this complaint, including advertising material, contracts, warranty information, receipts, letters, checks (front and back), photographs, bills and invoices, etc. **FAILURE TO PROVIDE ALL RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR COMPLAINT.**

Documents Enclosed  Nothing to Attach

**7. VERIFICATION**

**I AM:**  Over Age 60  Over Age 70  Partially Disabled  Totally Disabled  Illiterate  Non-English Speaking

In filing this complaint, I understand and agree that the Attorney General and his staff are not my private attorneys, but instead represent the State of Kansas in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas law limits the period of time during which I may file any private legal action(s), and I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regard to any private action(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is directed against, may be forwarded to other appropriate agencies, and will become accessible to others under the Kansas Open Records Act. Finally, I declare and verify under penalty of perjury and the laws of Kansas that all of the following is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant (REQUIRED)

\_\_\_\_\_  
Date