



RETURN TO:



CONS

____ FIRST _____ MI
ADDRESS _____
STREET CITY STATE ZIP COUNTY
HOME PHONE () WORK PHONE () E-MAIL _____

COMPANY

MY COMPLAINT IS AGAINST _____
ADDRESS _____
STREET CITY STATE ZIP COUNTY
PHONE () WEB SITE E-MAIL _____
PERSON YOU DEALT WITH _____
NAME TITLE

PRODUCT
OR SERVICE

PRODUCT OR SERVICE DISPUTED _____
DATE OF TRANSACTION/PURCHASE _____ AMOUNT PAID \$ _____
(For example: 05 01 00) MONTH DAY YEAR
HOW & WHERE DID YOU LEARN
ABOUT PRODUCT OR SERVICE? _____

PAYMENT

METHOD OF PAYMENT ☐ CASH ☐ CREDIT/DEBIT CARD ☐ LOAN ☐ LAY-AWAY ☐ CHECK ☐ OTHER
DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS? ☐ YES ☐ NO

Copies of any documents produced for payment
(such as contracts, warranties, checks — front and back)
must be returned with this complaint form.