



DAVE YOST

OHIO ATTORNEY GENERAL

Consumer Protection
Office 800-282-0515
Fax 866-268-2279

30 E. Broad Street, 14th Floor
Columbus, Ohio 43215
www.OhioAttorneyGeneral.gov

Consumer Complaint Form

Office Use Only: Complaint #: _____

The Ohio Attorney General's Consumer Protection Section provides a complaint resolution process to resolve disputes between consumers and businesses. If you have a complaint regarding a consumer transaction (a purchase or advertisement of a product or service used for the home or personal use), you may file a complaint with our office.

You May File a Complaint One of Three Ways:

By mail: Complete this form in dark ink and mail to: Consumer Protection Section 30 E. Broad St., 14th floor Columbus, OH 43215-3400	By phone: Call 800-282-0515 Our help center associates will assist you in filing your complaint.	Online: Visit www.OhioAttorneyGeneral.gov On our Web site, you can file a complaint, sign up for our e-newsletter and learn about your consumer rights.
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Pre-Complaint Questions:

- Have you contacted the company about your complaint? Yes ___ No ___
- Have you hired an attorney to represent you in this matter? Yes ___ No ___
 If yes, provide: Attorney's name: _____ Attorney's phone number: (____) _____
- Are you involved in a lawsuit regarding this issue? Yes ___ No ___
- Have you contacted any other agencies regarding this issue? Yes ___ No ___
 If yes, please list the agencies: _____

PLEASE NOTE: Any information you submit with your complaint is considered public and may be released as part of a public records request. Remove Social Security numbers, credit card numbers, debit card numbers and other bank account numbers from any documents you submit with your complaint.

Information about You (the Consumer):

First name: _____ MI: _____ Last name: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____ Country: _____

Daytime phone: (____) _____ Alternate phone: (____) _____

E-mail address: _____ Fax: (____) _____

Subject of the Complaint (Business Information):

Name of business you're complaining about: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____ Country: _____

Telephone: (____) _____ Toll-free: (____) _____ Fax: (____) _____

E-mail address: _____ Web address: _____

Name of business owner/salesperson: _____

About the Transaction:

Product/service involved: _____

Date of purchase: ____ / ____ / ____ (mm/dd/yyyy)

Did you sign a contract? Yes ____ No ____

Are you making payments? Yes ____ No ____

Total cost of product/service: \$ _____

Method of payment: _____

Amount paid so far: \$ _____ Disputed amount: \$ _____

Is the product/service under warranty? Yes ____ No ____

If yes, warranty company name: _____

How did the first contact with the company occur?

E-mail

Mail

Fax

Radio

Home visit

Store visit

Infomercial

Telephone call

Internet auction

Television

Internet banner/Web site

Word of mouth

Magazine/Newspaper

Other: _____

Describe the transaction and your complaint: _____

Briefly describe what you would consider a reasonable resolution to your complaint: _____

Motor Vehicle Complaints *ONLY*:

Complete this section only if your complaint regards a motor vehicle:

Make: _____ Model: _____ Purchase / Lease (*circle one*)

Vehicle Identification Number (VIN—***not your license plate number***): _____

Year of vehicle: _____ New / Used (*circle one*) Under warranty / "AS IS" (*circle one*)

Mileage at purchase or lease: _____ Current mileage: _____

Acknowledgment of Terms and Conditions:

By checking this box I acknowledge that the information given above is true to the best of my knowledge and belief. I understand that any information I submit to the Ohio Attorney General's Office is considered public information and may be released in a public records request. I understand a copy of this form and all documents relating to my complaint will be forwarded to the company that is the subject of my complaint. I understand that the Ohio Attorney General cannot serve as my private attorney.

Date submitted: ____ / ____ / ____ (mm/dd/yyyy)





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Consumer Complaint Form, Part 2

Office Use Only:
Complaint #:

When you file a consumer complaint with the Ohio Attorney General's Office, you also must submit copies of documents related to your complaint, such as contracts and receipts. Submitting these documents helps ensure that you will get the best possible results from our complaint resolution process. Failure to provide required documentation may prevent or delay our ability to help you.

Please send this form and copies of any documents related to your complaint to the Attorney General's Office:
Consumer Protection Section, 30 E. Broad St., 14th floor, Columbus, OH 43215-3400
DO NOT SEND ORIGINALS. Any documents sent to our office will be scanned electronically and then destroyed.

PLEASE NOTE: Any information you submit with your complaint is considered public and may be released as part of a public records request. Remove Social Security numbers, credit card numbers, debit card numbers and other bank account numbers from any documents you submit with your complaint.

Documents to Submit with Your Complaint:

Check below to indicate which documents/items you are submitting with your complaint (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Contract / Purchase Agreement | <input type="checkbox"/> HUD 1 Settlement Statement (<i>Residential Mortgage Transactions Only</i>) |
| <input type="checkbox"/> Warranty / Service Agreement | <input type="checkbox"/> Debt Collection Account Number* (<i>Debt Collection Complaints Only</i>): _____ |
| <input type="checkbox"/> Invoice / Billing Statement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Payment Record / Receipt | |
| <input type="checkbox"/> Advertisement | |
| <input type="checkbox"/> Estimate / Proposal | |
| <input type="checkbox"/> Loan Application | |

*DO NOT SUBMIT YOUR BANK ACCOUNT NUMBER OR SOCIAL SECURITY NUMBER.

Additional Information about You:

To help our office better serve Ohio consumers, please check any/all categories that apply to you (optional):

- Active service member or immediate family of active service member
- Disaster victim
- Non-English speaking
- Person with disability
- Over the age of 65
- Veteran

