The information you report on this form will be used to help us investigate violations of consumer laws. 

**The Attorney General’s Office does not resolve individual consumer complaints.**

This complaint and the information you provide are records open to the public under Texas Law.

We may send a copy of this form to the Business, so please write legibly and use black ink only.

Please attach copies of any documents necessary to explain the transaction but do not send original documents.

The Attorney General’s Office will contact you if additional information is needed.

### Consumer Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Zip</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone ( )</td>
<td>Work Phone ( )</td>
</tr>
<tr>
<td>Email address</td>
<td>Person you dealt with:</td>
</tr>
</tbody>
</table>
| Age | 65 or over 
| Under 19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-64 |

### Business or Individual Complaint is Against

| Website or Email address: |

1. Initial contact between you and the business:  
   - Person came to my home  
   - I went to company’s place of business  
   - I received a telephone call from business  
   - I telephoned the business  
   - I received information in the mail  
   - I responded to radio/television ad  
   - I responded to printed advertisement  
   - I responded to a Website or e-mail solicitation  
   - I responded to a solicitation in a language other than English (What language?)

2. Where did the transaction take place?  
   - At home  
   - At business  
   - By mail  
   - Over the phone  
   - Over the computer  
   - Trade Show or Hotel  
   - Other ______________________________

3. Date(s) of Transaction(s)  

4. Did you sign a contract?  
   - Yes (please enclose a copy)  
   - No  

5. How much did the company/individual ask you to pay? ________________

6. How much did you actually pay? $ ________________  
   - Cash  
   - Credit Card  
   - Loan  
   - Check  
   - Bank Account Debit  
   - Wire Transfer  
   - Money Order  
   - Cashiers Check  
   - Debit Card  

   Date(s) of Payment: ________________________________
7. Have you contacted another agency or attorney about this complaint? ☐ Yes ☐ No
   If yes, list name and address of the agency or attorney.

8. What action was taken by this agency or attorney?

9. Please describe your complaint in detail (attach extra sheets if necessary).

10. Have you complained to the business? ☐ No ☐ Yes If yes, when? _________________________________
    What was the business’ response?

11. Have you been sued in relation to this transaction?

Texas law prohibits us from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

In signing this complaint I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint for informational purposes only.

The above statements are true and accurate to the best of my knowledge.

____________________________________________________  ______________________________________
Signature                                           Date

Please return this form to: Office of the Attorney General
P.O. Box 12548
Austin, Texas 78711-2548