



Lynn Fitch
ATTORNEY GENERAL

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Jackson, Mississippi 39225-2947
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OFFICE USE ONLY

Assigned to _____

Date assigned _____

Case No. _____

COMPLAINT FORM

***Some information on this form may not apply to your complaint.
Please complete the fields that are applicable to your situation.***

PLEASE CHECK MATTER TYPE: Advocacy _____ Fraud _____ Scam _____

ACTION DESIRED: Repair Item _____ Replace Item _____ Refund _____ (amount \$ _____)

CONSUMER INFORMATION:

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Cell/Home Phone (_____) _____ Work Phone (_____) _____

Fax Number _____ E-mail Address _____

COMPANY INFORMATION: (complete information applicable to your complaint)

Name _____

Business Phone _____

Address _____ City _____ State _____ Zip _____

Owner/Manager _____ E-mail Address _____

Name of person with whom you dealt _____

Product or service _____ Manufacturer _____

Model (year/type/number) _____ Serial Number _____

Date of purchase or service _____ Place of purchase or service _____

Amount paid _____ Amount financed _____

Date of your last contact with business _____

With whom did you speak? _____ His/Her title? _____

What was the response? _____

INCLUDE COPIES OF ALL CORRESPONDENCE WITH THIS COMPLAINT FORM

What other agencies have you contacted about this complaint? _____

COMPLETE IF COMPLAINT IS A SUSPECTED SCAM

How did you pay the suspect? _____ How much did you pay the suspect? \$ _____

How did the suspect contact you? (if via phone – provide the phone number, date, and time of the call)

When did the suspect first contact you? _____

SUMMARY OF COMPLAINT

Briefly describe your complaint. Include specific dates. Please remember a copy of this form will be provided to the business. Attach additional sheets if necessary.

Attach **COPIES** of any relevant documents such as letters, bills of sale, contracts, warranties, advertisements, work orders, bills, etc. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

AFFIDAVIT

By signing this complaint, I consent for my name to be used by the Attorney General's Office in any subsequent legal action that is deemed necessary.

I hereby swear or affirm that the above statements are true and correct to the best of my knowledge.

Signature

Date