



### CONSUMER COMPLAINT FORM

**SUBJECT** (Person Complaint is against)

Last Name	First Name	Middle Name	
Business Name			
Business Address			
City		State Zip	Code
Business Phone ( )	Home Phone ( )	License Number	

**COMPLAINANT** (Person making the Complaint)

Last Name	First Name	Middle Name	
Address			
City		State Zip	Code
Business Phone ( )	Home Phone ( )	Best Time to Contact	

Did you have a contract or letter of agreement with the Subject?  
 If yes, attach a copy  Yes  No

Have you discussed your complaint with the Subject?  Yes  No

Have you contacted an attorney regarding this complaint?  
 If yes, provide your attorney's name address and phone number  Yes  No

Have you filed a claim in any court regarding this complaint?  
 If yes, name court and indicate hearing date  Yes  No

What do you want the Subject to do to satisfy your complaint?

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