



CONSUMER COMPLAINT FORM

SUBJECT (Person Complaint is against)

Form with fields: 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)

Form with fields: 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?

Three horizontal lines for text input

