



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? Yes No
If yes, attach a copy

Have you discussed your complaint with the Subject? Yes No

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

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

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