

STATE OF CONNECTICUT

ATTORNEY GENERAL GEORGE JEPSEN
OFFICE OF THE ATTORNEY GENERAL



55 ELM STREET
HARTFORD, CONNECTICUT 06106
<http://www.ct.gov/ag>

1. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
2. PLEASE COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS MAY DELAY THE PROCESSING OF YOUR COMPLAINT.
3. ATTACH COPIES OF SUPPORTING DOCUMENTS. DO NOT SEND ORIGINALS.
4. IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL THE CONSUMER ASSISTANCE UNIT AT 860-808-5420.

CONSUMER

NAME	HOME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER
STREET ADDRESS		E-MAIL ADDRESS
CITY/TOWN	STATE	ZIP
		ARE YOU AGE 60 OR OLDER? Yes No

COMPLAINT

BUSINESS/PERSON YOUR COMPLAINT IS ABOUT		OTHER BUSINESS/PERSON YOUR COMPLAINT IS ABOUT (If any)	
STREET ADDRESS		STREET ADDRESS	
CITY/TOWN	STATE	ZIP	CITY/TOWN
			STATE
			ZIP
TELEPHONE NUMBER		TELEPHONE NUMBER	
DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE \$	HOW PAID (check those which apply) Cash Check Credit Card Other	
DID YOU SIGN A CONTRACT? Yes No	WHERE CONTRACT WAS SIGNED		DATE SIGNED
WAS PRODUCT OR SERVICE ADVERTISED? Yes No	WHERE WAS IT ADVERTISED (if known)?		DATE ADVERTISED (if known)

BRIEFLY DESCRIBE YOUR COMPLAINT (Attach additional pages, if necessary.)

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DATE AND MANNER BY WHICH YOU COMPLAINED TO THE BUSINESS/PERSON

By Mail By Telephone In Person

CONTACT PERSON

JOB TITLE

NATURE AND DATE OF BUSINESS' RESPONSE TO COMPLAINT

Empty space for describing the nature and date of the business' response to the complaint.

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes", give name and address) Yes No

IS COURT ACTION PENDING? (Please describe) Yes No

WHAT RESOLUTION ARE YOU SEEKING? (I.E., EXCHANGE, REPAIR, MONEY BACK, ETC.)

READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the State in enforcing laws designed to protect the public from deceptive or unfair practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I also understand that information submitted to the Office of the Attorney General may be considered public information subject to disclosure under the Connecticut Freedom of Information Act, Connecticut General Statutes Section 1-200 et. seq. I further understand that I may be asked to testify in the event that the Office of the Attorney General takes formal legal action in connection with my complaint. The above complaint is true and accurate to the best of my knowledge.

By filing this complaint form, I am authorizing the Attorney General's Office to speak about my complaint with the person or business I am complaining about. By filing this complaint, I am also authorizing the Attorney General's Office to send a copy of this completed form and any attached documents to the person or business about whom I am complaining.

Signature: _____ Date: _____

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

RETURN TO: OFFICE OF THE ATTORNEY GENERAL
55 ELM STREET
HARTFORD, CT 06106
ATTN: PUBLIC INQUIRY