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.)

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

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