



OFFICE OF THE ATTORNEY GENERAL
Lawrence G. Wasden
 Consumer Protection Division
 954 W. Jefferson, 2nd Floor
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 Phone: (208) 334-2424

For Office Use Only

CONSUMER COMPLAINT FORM

For your convenience, you can fill out this form on your computer. However, to file your complaint, you must print, sign, and send this form to the Attorney General's Office. We recommend that you print two copies of the form, sending one signed copy to us with supporting documentation and keeping the other copy with the supporting documentation for your own files. **Please do not attempt to e-mail this form. We will not receive it.** Please print completed form and mail it to the address listed above.

INFORMATION ABOUT YOU

Your Name: (required) _____

Address: (required) _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Email Address:** _____

Age Group: (optional) Under 21 21-35 36-65 Over 65

INFORMATION ABOUT THE BUSINESS OR THE PERSON THAT YOUR COMPLAINT IS AGAINST

Business or Person's Name: (required) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Website:** _____

INFORMATION ABOUT YOUR COMPLAINT

Does your complaint involve the purchase, rental or lease of a product or service? Yes No

If so, please answer the following:

Product or Service: _____

Date Purchased/Rented/Leased: _____ **Amount Paid:** _____

Did you get the product? Yes No In part

Was the service completed? Yes No In part

Does your complaint involve a telephone solicitation? Yes No

If so, please answer the following:

Was your home or cell number on the Do Not Call Registry for at least 31 days? Yes No

Did you tell the solicitor to remove your number from its call list? Yes No

Describe your complaint, including names, dates, and actions. Attach additional pages if necessary. Do not attach originals (we will not return them.)

If you lost money because of this purchase or lease, how much money did you lose? _____

Please explain how you calculated your loss:

What do you think would be a fair resolution of your consumer complaint?

Did the business or person identified on page 1 previously provide you with a written response to your concerns?

Yes No If so, please attach a copy of the response you received.

Did another office, such as the Better Business Bureau or the Department of Finance, previously mediate your complaint?

Yes No If so, please attach a copy of the office's most recent correspondence and a copy of any correspondence from the business or the person identified on page 1.

Have you filed a lawsuit against the business or the person identified on page 1?

Yes No If so, please attach a copy of the complaint.

Has a court issued an order, judgment, or other final decision in your lawsuit?

Yes No If so, please attach a copy of the court's order, judgment, or other final decision.

HOW YOU WANT YOUR COMPLAINT ADDRESSED

Before checking a box, please make sure you understand how the Attorney General's dispute resolution process works. An explanation of this voluntary process is available [on the Attorney General's website](#) or in the letter that came with this complaint.

PLEASE CONSIDER MY COMPLAINT FOR THE ATTORNEY GENERAL'S DISPUTE RESOLUTION PROCESS.

By checking this box, I understand that the Attorney General's Consumer Protection Division will review my complaint and decide whether to send it to the business for a response. I understand that the Attorney General's dispute resolution process is voluntary, and the Attorney General cannot force the business to respond or resolve my complaint.

MY COMPLAINT IS FOR INFORMATIONAL PURPOSES ONLY.

By checking this box, I understand that my complaint will not be considered for the Attorney General's dispute resolution process. I also understand that the Attorney General will not take action on my complaint unless the Attorney General, in his discretion, deems further action is appropriate. As such, I understand that the Attorney General's Office will contact me only if the office needs more information from me.

PUBLIC RECORDS ACT AND DOCUMENT NOTICE

Please note that your Complaint Form and all documents you attach are available to the public and media if a request is made under Idaho's Public Records Act. We also share our complaints with other law enforcement agencies. To protect your privacy, please remove all personal and confidential information, such as Social Security numbers, bank account and credit card numbers, and medical information from any documents you attach to your Complaint Form. Finally, please send only copies of your documents. Do not include any original documents.

ACKNOWLEDGEMENTS

I understand that the Attorney General is not my private attorney and that the office advocates on behalf of the state of Idaho by enforcing laws prohibiting fraudulent or deceptive business practices. **I certify that the information provided on this form is true and correct to the best of my knowledge.**

Your Signature (Required)

Date (Required)

Our Complaint Intake Procedure: In most instances, we will mail you a copy of the correspondence between our office and the business. **Given the large number of complaints and requests that we receive, it may be several weeks before you receive communication from us. If you need immediate legal assistance, please contact a private attorney.**