



OFFICE OF THE ATTORNEY GENERAL
Raúl R. Labrador
Consumer Protection Division
954 W. Jefferson, 2nd Floor
P.O. Box 83720 Boise, ID 83720-0010

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:

City:

State:

Zip code:

Country:

Phone:

E-mail address:

INFORMATION ABOUT THE BUSINESS OR PERSON AGAINST WHICH YOU ARE COMPLAINING

Business or person's name: (required)

Address:

City:

State:

Zip code:

Country:

Phone:

E-mail address:

Contact person:

Website:

INFORMATION ABOUT YOUR COMPLAINT

Product, item, or service involved:

Date of transaction:

Total amount paid:

Amount in dispute:

Did you sign a contract or lease? ☐ Yes ☐ No If yes, please provide a copy

Where did the transaction take place: (check one)

☐ Retail ☐ Door-to-door ☐ Phone ☐ Internet ☐ Other (explain)

Have you complained to the business or person? ☐ Yes ☐ No

If yes, how? ☐ In person ☐ Phone ☐ E-mail

Contact date and person:

Nature of response: (provide copy of the response)

What would you consider a satisfactory resolution to this matter:

☐ Refund, how much? \$ ☐ Product Delivery ☐ Service Performed ☐ Other (explain)

Has any legal action been taken? ☐ Yes ☐ No

If yes, please describe:

Have you filed a complaint with any other agency? ☐ Yes ☐ No

If yes, who:

INFORMATION ABOUT YOUR COMPLAINT

Please describe your complaint in detail, including the names of all parties involved, relevant dates, and specific actions taken. If additional space is needed, you may attach extra pages. Do not send original documents, as they will not be returned.

PROCESSING YOUR COMPLAINT

Our Complaint Intake Procedure: In most instances, we will e-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.

I read and understand the “Consumer Complaint Explanation and Information” section at the top of this page, and I am filing my complaint for:

☐ **INFORMAL DISPUTE RESOLUTION**

I understand the Attorney General’s Consumer Protection Division will review my complaint and, if appropriate, send it to the business for a response. I understand this process is voluntary, and the Attorney General cannot force the business to respond or resolve my complaint.

☐ **INFORMATIONAL PURPOSES ONLY**

I understand I am not requesting dispute resolution or further action on my complaint. I understand the Attorney General’s Consumer Protection Division may use my complaint, in its discretion, for enforcement or other purposes.

PUBLIC RECORDS ACT NOTICE

Your complaint form and all supporting documents are public records and available upon request to the public and media under Idaho’s Public Records Act. We also share our complaints with other law enforcement agencies. You are responsible for removing all personal and confidential information from the documents you provide. This includes Social Security numbers, birthdates, financial account numbers, and driver’s license numbers.

ACKNOWLEDGEMENTS

I understand that the Attorney General is not my private attorney and cannot advocate on my behalf. By typing my name in the box below and submitting this complaint, **I certify the information and allegations in this form are true and correct to the best of my knowledge.**

Your Signature (Required)

Date (Required)

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