



State of Rhode Island and Providence Plantations  
**DEPARTMENT OF ATTORNEY GENERAL**  
*Peter F. Kilmartin, Attorney General*

Consumer Protection Unit  
150 South Main Street  
Providence, RI 02903  
(401) 274-4400 TDD (401) 453-0410  
Fax (401) 222-5110  
[www.riag.ri.gov](http://www.riag.ri.gov)

**CONSUMER INFORMATION:**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Best Number to Call During Day \_\_\_\_\_

E-Mail address (optional) \_\_\_\_\_

**COMPANY/BUSINESS INFORMATION:**

Company Name \_\_\_\_\_

Address of Company \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number of Company \_\_\_\_\_ Salesperson/Owner \_\_\_\_\_

E-Mail address \_\_\_\_\_

---

For statistical purposes, please indicate:

Your Age:

- Under the age of 60  
 Over the age of 60

Military/Veteran:

- Currently in military service  
 A Veteran

How did you hear about us (please choose only one):

- Called AG Office  
 Went onto AG Website  
 Another Rhode Island State Agency  
 A Rhode Island State Legislator

- Attended an AG Presentation/Event  
 Media: Newspaper/TV/Radio  
 An Out of State Agency  
 Other: \_\_\_\_\_

May we send a copy of this to the business you are complaining against? YES  NO   
(If your response is no, we may be prevented from taking any action on your complaint.)

**PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM**

May we provide your name and telephone number to the media in the event of an inquiry about this matter? (If yes, we will make every effort to contact you prior to releasing your information to the media.)

YES  NO

Was an oral or written warranty given? YES  NO

Did you sign any documents? YES  NO

Date of Transaction \_\_\_\_\_ Place of Transaction \_\_\_\_\_

Witness to Transaction \_\_\_\_\_ Salesperson's Name \_\_\_\_\_

Total amount of damages (**list actual loss only**) \_\_\_\_\_

Have you complained to the business? YES  NO

What was their response? \_\_\_\_\_

Was the product or service advertised? YES  NO

If yes, indicate the date and how it was advertised \_\_\_\_\_

Do you have an attorney representing you in this matter? YES  NO

If yes, please provide the attorney's name and address \_\_\_\_\_

Is any legal action pending? YES  NO

List any other government agencies or consumer agencies contacted \_\_\_\_\_

In the space provided below, briefly explain the nature of your complaint. Be sure to describe events in the order and giving dates when possible. **PLEASE INCLUDE COPIES OF ANY RECEIPTS, INVOICES, CANCELLED CHECKS OR OTHER RELEVANT DOCUMENTS.** (If the space below is insufficient, please attach additional sheets.)

---

---

---

---

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true, correct and based upon my personal knowledge. I understand that the Attorney General does act as a private attorney representing the interest of any particular individual. Any action this Department initiates is on behalf of the public and in the name of the State of Rhode Island.

Signature \_\_\_\_\_ Date \_\_\_\_\_