State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL
Patrick C. Lynch, Attorney General

Consumer Protection Unit
150 South Main Street · Providence, RI 02903
(401) 274-4400 · TDD (401) 453-0410

COMPANY INFORMATION:

Company/Business_____

Address _____

City/State/Zip_____

Phone_____ Salesperson/Owner_____

Electronic Mail (e-mail)_____

CONSUMER INFORMATION:

Your Name_____

Address:_____

City/State/Zip_____

Home Phone_____ Work Phone_____

Electronic Mail (e-mail)_____

In the space below briefly explain the nature of your complaint. Describe events in the order in which they occurred, giving dates where possible. Explain any actions you took. List only essential and important facts. PLEASE ENCLOSE COPIES OF ANY INVOICE, CANCELLED CHECKS, OR RELEVANT DOCUMENTS WHICH WILL ASSIST US WITH RESOLVING YOUR COMPLAINT. (If space below is insufficient, please attach separate sheets).

_____

_____

_____

_____

_____

DATE OF OCCURRENCE_____ AMOUNT INVOLVED _____

Was any contract signed?_____ (IF YES, attach a copy).

Have you hired an attorney on this matter? _____

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

1. Have you informed the company about your complaint?

   Yes_____ No_____ If Yes, when?_____

   By mail?_____By telephone?_____In person?_____

   Did you receive a response? Yes_____ No_____

   If written response, please attach a copy.

   If oral response, please explain it briefly below.

   _____

   _____

   _____

2. To resolve this complaint, what are you seeking from the company?

   _____

   _____

3. Have you contacted any other government/consumer agency?_____Yes_____ No

   If YES, whom did you contact?_____

   When did you contact them? _____

   What was the outcome?_____

(Please note that we may contact the agency you have indicated above in order to determine what action they have taken).

STATEMENT

I wish to file a complaint against the company listed in this complaint form. A copy of this complaint may be sent to the company. I understand that the Attorney General does not act as a private attorney representing the interest of any particular individual. If appropriate, any action this Department initiates is on behalf of the public and in the name of the State of Rhode Island.

SIGNATURE_____ DATE_____