



Consumer Complaint Form

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: (Work) _____ (Home) _____

(Cell) _____ E-Mail Address (if available): _____

Complaint category (please check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Cemetery Services | <input type="checkbox"/> Pre-Need Cemetery Services | <input type="checkbox"/> Charitable Solicitations |
| <input type="checkbox"/> Residential Tenancies | <input type="checkbox"/> Mobile Home Site Tenancies | <input type="checkbox"/> Loan Brokers |
| <input type="checkbox"/> Negative Options | <input type="checkbox"/> Credit Reporting | <input type="checkbox"/> Timeshares |
| <input type="checkbox"/> Direct Selling | <input type="checkbox"/> Home Renovations | <input type="checkbox"/> Retail Home Sales |
| <input type="checkbox"/> Employment Agencies | <input type="checkbox"/> Natural Gas Marketing | <input type="checkbox"/> Auctions |
| <input type="checkbox"/> Collection Practices | <input type="checkbox"/> Credit Contracts | <input type="checkbox"/> Unfair Trade Practices |
| <input type="checkbox"/> Bond Claims | <input type="checkbox"/> Electricity Marketing | |
| <input type="checkbox"/> Other: _____ | | |

Name of business: _____

Address (if known): _____

City: _____

Telephone Number (if known): _____

Contact persons for the company: _____

Please provide a brief factual description of the problem you experienced. To help us review your complaint, please be sure to include details such as date, location, name of persons you dealt with, witnesses if any and what documents you have available.
