

## Consumer Complaint Form Division of Consumer Affairs Tennessee Attorney General's Office P.O. Box 20207 Nashville, TN 37202-0207 (615) 741-4737 Phone Consumer.Affairs@ag.tn.gov

(Departmental use only)
Received in office:

	<b>Section I: How Do V</b> Your Contact In			
Please print clearly or type. All	fields marked with an asterisk (*) ar	e required. Provide as i	much information as possible.	
Name:				_
Address:				_
<sup>k</sup> City:		*State:	*Zip:	_
(Tennessee Residents only)	County:			_
Phone: Home ()	Work: ()	Email:		_
Best Contact Time:				-
	Section II: Who is Your ( Business Contact	•		
Business Name:				-
Contact person:				_
Address:				_
			*Zip:	_
Phone: ()	Fax: ()			
Email:	Website ac	ddress:	·	_
Гуре of product or service:				_
	<b>Section III: What</b> Details of In	• •		
Amount Involved: \$	How did you pay?		*Date of transaction://	-
Have you contacted the busir	ness about this complaint?	With whom did you sp	oeak/when:	_
*What are you asking the bu	siness to do?			_

List all agencies you have contacted about this complaint:

*Have you or the business filed a lawsuit regarding this complaint? YES NO
Was this product or service advertised: If YES, when and where?
(Please provide a copy of the advertisement if it is available.)
*Briefly describe your complaint. Use chronological order, by dates. Include copies of any contracts, sales slips, canceled checks, correspondence or supporting documents. <b>DO NOT</b> mail original documents; these will NOT be returned.
Section IV: Automobile Complaints (Required Information for Automobile Complaints Only)
*Year: *Make: *Model:
*Vehicle Identification Number (VIN):
Section V: Final Step
If you hire an attorney and/or file a private lawsuit, you have a limited time to sue under the Consumer Protection Act. You have one (1) year from the time you found out about the deceptive act or practice, and no more than five (5 years from the time the deceptive act or practice occurred. Consult a private attorney regarding your legal rights.
By my signature below, I hereby attest to the accuracy and truthfulness of the content, I authorize the Tennessee Division of Consumer Affairs to send a copy of this complaint to the business, and I understand this complaint may be used in legal proceedings brought under the Tennessee Consumer Protection Act.
*Signature: *Date:
All complaints submitted to the Tennessee Division of Consumer Affairs are subject to the Public Records Act, T.C.A. Title 10, Chapter 7.
OPTIONAL: We would appreciate having the appropriate boxes checked
Age: 18-29 30-39 40-49 50-59 60 or older
Have you previously filed any complaint(s) with the Division in the last 2 years? — YES — NO
If yes inlease state against whom: