

State of Alaska

Office of the Attorney General 1031 W. 4th Ave., Suite 200 Anchorage, AK 99501-5903

Office Use Only			
Comp. #			
I.C.			
Prac. Code:			
Analyst:			
Disp. Code:			
Date Rec'd:			

consumerprotection@alaska.gov • www.law.alaska.gov/consumer

CONSUMER COMPLAINT

READ THE FOLLOWING BEFORE COMPLETING THE COMPLAINT FORM

In filing this complaint, I understand:

- 1. The Attorney General is not my private attorney and cannot provide legal advice to me.
- 2. I authorize the Attorney General to send this complaint to the business or organization named below, or to refer the complaint to other appropriate agencies.
- 3. The information in this complaint is true and correct to the best of my knowledge.

CONSUMER INFORMATION		BUSINESS INFORMATION			
Name: (First) Mr. Mrs. Ms.	(Last)	Age:	Business or Or	ganization Your Complaint is Against:	
Address:		Apt. #:	Address:		
City, State, Zip			City, State, Zip		
Work Phone #:	Home #:		Phone #:	Email address:	
Email address:			Contact Person:		
w		Website Address:			
INFORMATION ABOUT THE TRANSACTION OR EVENT					
Date of transaction or	event:				
Did you sign a contra	Did you sign a contract? If so, please attach a copy.				
Product or service involved:					
Amount paid: \$	Paid By:	○ Cash	Check	Credit Card Loan	
Did you see or hear an advertisement for the product or service? If so, where and when?					
First contact between you and the company: (check one) Where did the transaction take place: (check one)					
Person came to latelephoned the latelephoned to latelephoned to latelephoned to latelephoned in latelephoned	mation in the mail ompany's place of busing ephone call from comp	ness any	00000	Over the phone At home At the company By mail Internet Other (explain)	
RESOLUTION SOUGHT					
What would you cons	ider a satisfactory reso	lution to this n	natter?		
○ Refund	○ Refund ○ Product Delivery ○ Service Performed ○ Other (explain)				
If you are seeking a refund, please state the amount: \$					
 I am not seeking a resolution to this matter, but am filing a complaint for reporting purposes only. 					

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ACTION YOU HAVE TAKEN				
Have you complained to the business or organization? Yes No (If so, attach a copy of complaint)				
How?				
Person contacted: Job title:				
Nature of response: Date of Response:				
Have you retained an attorney regarding this complaint? Yes No If so, please state the name, address, and phone number of your attorney:				
Has legal action been taken by you or against you with regard to this complaint? Yes No If so, please describe the current status of any legal action:				
Have you filed this complaint with any other agencies? Yes No If so, list name of agency and status of complaint:				
DESCRIPTION OF TRANSACTION OR EVENT				
Describe the transaction or event, using additional sheets if necessary. Tell us WHAT happened, WHEN it happened, WHERE it happened, and WHY it was unfair or deceptive. Attach <u>COPIES</u> of all contracts, letters, receipts, advertisements, or any other papers that relate to your complaint.				

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