



OKLAHOMA ATTORNEY GENERAL

www.oag.ok.gov

CONSUMER COMPLAINT

Please use ink. One business per complaint form. Please complete and mail this form to the address on last page of this complaint form.

ENCLOSE COPIES OF ANY DOCUMENTS THAT MAY RELATE TO YOUR COMPLAINT (contracts, advertisements, correspondence, proof of payment.) DO NOT SEND ORIGINALS.

Section 1: YOUR INFORMATION
YOUR NAME
YOUR STREET ADDRESS
BEST NUMBER TO CALL DURING DAY
EMAIL ADDRESS
CITY
STATE
ZIP CODE

Section 2: STATISTICAL INFORMATION (Optional)
For statistical purposes, please indicate:
Your Age: Under 30, 31-59, 60-79, over the age of 80
Military/ Veteran: Active Duty, Veteran

Section 3: WHO ARE YOU COMPLAINING AGAINST
NAME OF BUSINESS YOU ARE COMPLAINING AGAINST
STREET ADDRESS OF BUSINESS
PHONE NUMBER OF BUSINESS
EMAIL ADDRESS
CITY
STATE
ZIP CODE

Section 4: COMPLAINT DETAILS (IMPORTANT: This must be completed)

Did you sign any documents? Yes No IF YES, PLEASE PROVIDE A COPY OF THE DOCUMENT(S) IF POSSIBLE
Product or Service involved:
Date of transaction: Place of transaction:
Salespersons name: Actual Amount paid:
Method of Payment: Cash Check Credit Card Other PLEASE SEND COPIES OF STATEMENTS, CHECKS ETC.
Have you complained to the business? Yes No What was the response?
Have you contacted another agency about this complaint? Yes No
If yes, please provide the name of the agency:
Have you retained an attorney? Yes No Is any legal action pending? Yes No

FOR OFFICE USE ONLY
Product/Service:
Send:

FOR OFFICE USE ONLY
FILE NO:

FOR OFFICE USE ONLY
Ref to:

Section 5: DESCRIPTION OF TRANSACTION

Describe the transaction and your complaint:

Section 6: RESOLUTION REQUESTED

Describe what you would consider a reasonable resolution to your complaint:

Section 7: ACKNOWLEDGEMENT & SIGNATURE (required)

BY FILING THIS COMPLAINT, I UNDERSTAND THAT:

A copy of this complaint will be sent to the company or individual that this complaint has been filed against or the complaint will be referred to the appropriate agency.

Oklahoma law prohibits us from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

The above statements are true and accurate to the best of my knowledge.

Your Signature (Required)

Date

Send this completed complaint form to:
Oklahoma Attorney General's Office
Consumer Protection Unit
313 NE 21st
Oklahoma City, Oklahoma 73105