State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL
Peter F. Kilmartin, Attorney General

Consumer Protection Unit
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CONSUMER INFORMATION:

Your Name__________________________________________
Address____________________________________________
City/State/Zip________________________________________
Home Phone___________________________ Best Number to Call During Day________
E-Mail address (optional) ________________________________________

COMPANY/BUSINESS INFORMATION:

Company Name_______________________________________
Address of Company____________________________________
City/State/Zip_________________________________________
Phone Number of Company_________________________ Salesperson/Owner___________________________
E-Mail address________________________________________________________________________

For statistical purposes, please indicate:

[ ] Under the age of 60
[ ] Over the age of 60
Military/Veteran:
[ ] Currently in military service
[ ] A Veteran

How did you hear about us (please choose only one):

[ ] Called AG Office
[ ] Went onto AG Website
[ ] Another Rhode Island State Agency
[ ] A Rhode Island State Legislator
[ ] Attended an AG Presentation/Event
[ ] Media: Newspaper/TV/Radio
[ ] An Out of State Agency
[ ] Other:__________________________

May we send a copy of this to the business you are complaining against?  YES [ ]  NO [ ]
(If your response is no, we may be prevented from taking any action on your complaint.)

PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE OF THIS FORM
May we provide your name and telephone number to the media in the event of an inquiry about this matter? (If yes, we will make every effort to contact you prior to releasing your information to the media.)

YES [ ]    NO [ ]

Was an oral or written warranty given? YES [ ]    NO [ ]

Did you sign any documents? YES [ ]    NO [ ]

Date of Transaction ____________________ Place of Transaction ____________________

Witness to Transaction ____________________ Salesperson’s Name ____________________

Total amount of damages (list actual loss only) ____________________

Have you complained to the business? YES [ ]    NO [ ]

What was their response? ____________________

Was the product or service advertised? YES [ ]    NO [ ]

If yes, indicate the date and how it was advertised ____________________

Do you have an attorney representing you in this matter? YES [ ]    NO [ ]

If yes, please provide the attorney’s name and address ____________________

Is any legal action pending? YES [ ]    NO [ ]

List any other government agencies or consumer agencies contacted ____________________

In the space provided below, briefly explain the nature of your complaint. Be sure to describe events in the order and giving dates when possible. PLEASE INCLUDE COPIES OF ANY RECEIPTS, INVOICES, CANCELLED CHECKS OR OTHER RELEVANT DOCUMENTS. (If the space below is insufficient, please attach additional sheets.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I declare, under penalty of perjury, that the facts and statements contained in this declaration, including any attached statements, are true, correct and based upon my personal knowledge. I understand that the Attorney General does not act as a private attorney representing the interest of any particular individual. Any action this Department initiates is on behalf of the public and in the name of the State of Rhode Island.

Signature ____________________ Date ____________________