

State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

Peter F. Kilmartin, Attorney General

Consumer Protection Unit
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www.riag.ri.gov

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:

Your Age:

- 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 _____