



State of Rhode Island and Providence Plantations
DEPARTMENT OF ATTORNEY GENERAL
Peter F. Kilmartin

Office Use Only:

Consumer Protection Unit

Mailing Address: 150 South Main Street Providence, RI 02903

Office Location: 4 Howard Avenue Cranston, RI 02920

Phone: 401-274-4400 TDD 401-453-0410

Fax: 401-732-3895

www.riag.ri.gov

Complaints are addressed in the order they are received. Once your complaint is assigned, the Investigator will contact you. If the complaint falls within the jurisdiction of another local state or federal agency, you will be provided with appropriate referral information.

Mail completed form and any supporting documents to the address above.

Section 1: Your Information	
Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Daytime Phone:	_____ Email Address: _____
Over age 60:	Y/N Military/Veteran: Y/N

Section 2: Complaint Against	
Business Name:	_____
Business Address:	_____
City:	_____ State: _____ Zip: _____
Business Phone:	_____ Business mail/Website: _____
Name and Title of Contact Person:	_____

Section 3: About the Transaction	
Product/service involved:	_____
Date of transaction:	_____ Amount Paid: \$ _____ Payment Type: _____
Did you sign a contract?	_____ Warranty: _____

Section 4: Actions Taken by the Consumer

Have you contacted the business about your complaint? If yes, what was their response? _____

Have you filed a complaint with any other agency? If yes, list other agency and outcome if known: _____

Have you hired a private attorney? Y/N

Section 5: Complaint Details - *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (contract or written agreement, receipt, statement, invoice, warranty, correspondence etc). Please print clearly or type. DO NOT include your Social Security Number.

May we send a copy of this to the business you are complaining against? Y/N

(If your response is no, we may be prevented from taking any action on your complaint.)

The undersigned swears to, or affirms the truth and accuracy of all statements, answers, representation and allegations contained herein, including all statements hereto attached.

Signature _____ Date _____