



State of Alaska

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

Comp. # _____

Office Use Only	
I.C.:	_____
Prac. Code:	_____
Analyst:	_____
Disp. Code:	_____

CONSUMER COMPLAINT

<http://www.law.state.ak.us/consumer>

- 1) Please be sure to complain to the company or individual before filing this complaint with the Attorney General.
- 2) Please complete entire form and type or print clearly in dark ink.
- 3) For data entry purposes, all questions must be answered in the space provided; do not use "see attached" as an answer.
- 4) Enclose copies (not originals) of documents relating to your transaction/complaint.
- 5) Mail the completed form to the above address, and retain a copy for your files.

CONSUMER INFORMATION			COMPLAINT INFORMATION		
Name: (First) (Last) Age: _____ Mr / Mrs / Ms (circle one)			COMPANY YOUR COMPLAINT IS AGAINST:		
Address: _____ Apt. #: _____			Address: _____		
City, State, Zip: _____			City, State, Zip: _____		
Work Phone #: _____		Home #: _____	Phone #: _____		Type of Business: _____
I am a: Individual Corporation (circle one) Sole Proprietor Partnership			Sales Person: _____ Contact Person: _____		
INFORMATION ABOUT THE TRANSACTION					
Date of Transaction: _____					
Did you sign a contract? attach a copy)		Date signed: _____	Place signed: _____		(If yes,
Product or service involved: _____					
Amount paid: \$ _____ Paid By: _____ Cash _____ Check _____ Credit Card _____ Loan _____ (Attach a copy of receipt)					
Was the product or service advertised?		When? _____	Where? _____		
(Attach copy if advertised in printed media)					
First contact between you and the company: (check one)			Where did the transaction take place: (check one)		
<input type="checkbox"/> Person came to my house <input type="checkbox"/> I telephoned the company <input type="checkbox"/> I responded to a radio/tv ad <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I went to the company's place of business <input type="checkbox"/> I received a telephone call from company <input type="checkbox"/> Internet <input type="checkbox"/> Other (explain)			<input type="checkbox"/> Over the phone <input type="checkbox"/> At home <input type="checkbox"/> At the company <input type="checkbox"/> By Mail <input type="checkbox"/> Internet <input type="checkbox"/> Other explain		
RESOLUTION SOUGHT					
What WOULD YOU CONSIDER A SATISFACTORY / FAIR RESOLUTION TO THIS MATTER? (CIRCLE ONE)					
Refund		Product delivery	service performed	other	
Explain: _____					
If you are seeking a refund, please state the amount: \$ _____					
INCOMPLETE FORMS MAY BE RETURNED					

