

Where did the transaction take place? <input type="checkbox"/> At my home <input type="checkbox"/> Over the telephone <input type="checkbox"/> By mail <input type="checkbox"/> Over the Internet <input type="checkbox"/> Trade show/convention/home show <input type="checkbox"/> At the firm's place of business <input type="checkbox"/> By facsimile <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> There was no transaction	Have you complained to the company or individual? Yes No If yes, provide name and phone number of the individual(s): _____ _____ _____
---	--

FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:

Make:	Model:	Year:	New: Yes No	As-Is: Yes No
Warranty: Yes No Expiration Date:	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.**

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)

READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless box checked below. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

‡ Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.



Last Name: _____

Additional Information for Mortgage-Related Consumer Complaint

Are you current in your mortgage payments? _____ Yes _____ No

If no, how many payments are you behind? \$ _____

Primary reason for default: _____ Decrease in income _____ Increase in loan payment

_____ Medical _____ Increased expenses _____ Divorce/Separation _____ Job loss

_____ Death of family member _____ Business failed

Explain: _____

When is the last month you made a payment? _____ What month was it for? _____

Do you reside in the home? _____ Yes _____ No

Do you have any money saved? _____ Yes _____ No How much? \$ _____

How much are your mortgage payments? \$ _____

Does this include taxes and insurance? _____ Yes _____ No

If not, how much are your property taxes and homeowner's insurance per month:

Property Taxes: \$ _____ Homeowner's Insurance: \$ _____

Monthly Homeowner Association Dues: \$ _____

Have you contacted your lender? _____ Yes _____ No

If yes, what was their response? _____

What is your total gross monthly household income? \$ _____

Have you received foreclosure papers? _____ Yes _____ No

If yes, when did you receive papers? _____

Do you have a pending sale date? _____ Yes _____ No Date: _____

Are you currently in a Chapter 13 bankruptcy? _____ Yes _____ No

What type of loan do you have? _____ Fixed rate _____ Adjustable rate _____ Interest only loan

_____ Pay Option ARM (Adjustable Rate Mortgage) _____ FHA/VA _____ Don't know

What is your current interest rate? _____

**Please print and send the completed form to the address at the top of the complaint form.
Incomplete forms may be returned.**