



GEORGIA GOVERNOR'S OFFICE OF CONSUMER PROTECTION
2 MARTIN LUTHER KING, JR. DRIVE SE, SUITE 356
ATLANTA, GEORGIA 30334-9077
PHONE: 404-651-8600 (ATLANTA)
TOLL-FREE IN GA OUTSIDE METRO ATLANTA: 800-869-1123
FAX: 404-651-9018

CONSUMER COMPLAINT FORM

The Governor's Office of Consumer Protection has the authority to investigate business or trade practices and take legal action on behalf of the State of Georgia to stop false, misleading, deceptive or unfair business acts and practices that occur in consumer transactions.

We request that you first work with the company or individual you are reporting in an effort to resolve your dispute before filing a complaint. If this proves unsuccessful, we invite you to submit this form to the address above. Please be sure to enclose legible copies of important papers concerning the matter, such as contracts, invoices, proof of payment, and correspondence to and from the business. Do not send original documents.

By submitting this form, you are acknowledging that:

- In our discretion, this form, its attachments and all subsequent correspondence may be referred to another entity for review or resolution, or sent to the business or person identified in the complaint in an effort to resolve the dispute.

If you do NOT want this office to submit your complaint to the business, please check this box.

- This complaint form and all items or documents you send us are public records and subject to Georgia's Open Records Act. This law requires most public records (with the exception of your personal identifying information) to be available for inspection to anyone upon request after the closure of your complaint.

If you do NOT want your identity shared with *any* entity, submit your complaint to this office anonymously and do not provide any identifying information such as your name, address or telephone number.

- Georgia law provides that companies engaging in unfair and deceptive activities against people 60 or older are subject to additional penalties. Please check this box if you were 60 or older when the dispute occurred.
- This office represents the consuming public by enforcing laws prohibiting fraudulent or deceptive trade practices. The Governor's Office of Consumer Protection does not represent individual citizens in any capacity. We cannot act as your private attorney and we are prohibited by law from providing legal advice to private parties.
- You understand that the filing of this complaint notifies this office of activities of a company or individual and that this information may be used to establish violations of Georgia law.
- The information provided is true and correct to the best of your knowledge.

PRINT NAME

SIGNATURE

DATE

PLEASE TYPE OR PRINT LEGIBLY

CONSUMER'S CONTACT INFORMATION:

Mr./ Mrs. First Name: Middle Name: Last Name:

Mailing Address:

City: State: 9-Digit Zip Code:

Home Phone: Email:

Business Phone: Fax:

We can accept complaints from third parties on behalf of consumers only in limited circumstances. If you are filing on behalf of another person, please give your contact information.

Mr./ Mrs. First Name: Middle Name: Last Name:

Mailing Address:

City: State: 9-Digit Zip Code:

Phone: Email:

Relationship to Consumer:

INFORMATION ABOUT THE BUSINESS:

Name:

Address:

City: State: 9-Digit Zip Code:

Phone: Web Address:

Dates you complained to the business:

Name(s) and title(s) of individuals at business with whom you dealt:

SPECIFICS OF YOUR DISPUTE OR COMPLAINT:Product/
Service:Date of
Occurrence:

Total Cost:

Amount Paid to Date:

Did you sign a contract? Yes NoAre you still making payments? Yes NoPayment Method: Cash Check Credit Card Debit Card OtherDid you contact the company as the result of an advertisement? Yes NoWhat type of ad? TV Radio Newspaper/Magazine Mail Internet Other

Please describe your complaint briefly but with enough details to make the situation clear. Describe any claims you feel are deceptive, misleading or false. If needed, attach additional pages.

What form of relief have you requested, or what would you consider a satisfactory solution to the situation? (Refund, exchange, repair, etc.)

Have you contacted another government agency? Yes No If yes, which agency and what was the result:

Have you hired a private attorney? Yes No

Attorney's name/phone number:

Thank you for providing this information to the Governor's Office of Consumer Protection. You will hear from us after our review of the matter.