

# CONSUMER COMPLAINT FORM

HECTOR BALDERAS  
ATTORNEY GENERAL



CONSUMER PROTECTION DIVISION  
P.O. DRAWER 1508, SANTA FE, NM 87504-1508  
PHONE: 1-866-627-3249 or 505-827-6060

## INSTRUCTIONS FOR FILING A CONSUMER COMPLAINT

Thank you for contacting the Office of the Attorney General regarding your consumer complaint. Before submitting your complaint, our Division recommends you attempt to remedy or resolve the conflict with the business directly. Contact the manager or supervisor of the business with a clear plan of how the business can resolve the conflict. If the manager or supervisor does not accept your proposal, ask him/her what can be done to resolve your complaint. If you are unable to come to a resolution, please complete this form as fully as possible.

## LIST OF COMPLAINTS ACCEPTED

Before you fill out the attached complaint form, please refer to the list below to determine if your complaint falls under the jurisdiction and authority of the Consumer Protection Division of the New Mexico Office of Attorney General:

**Auto Sales - New or Used Automobiles**

**Mobile Home Sales**

**Extension of Credit - Payday & Car Title Loans**

**Home Building & Home Improvement/Repairs**

**Sale of Warranties**

**Auto Repairs**

**Disputes with Collection Agencies**

**Installment Collections**

**Retail Sales**

**Games and Contests**

**\*Please note that the Consumer Protection Division does NOT handle complaints regarding criminal issues, child support, divorce, or other domestic relation matters.**

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## **TYPE OR PRINT NEATLY AND, SUBMIT COPIES OF ANY RELATED DOCUMENTS**

I am filling out this complaint to notify the Office of Attorney General Consumer Protection Division of a dispute with the company below and to request assistance in resolving this matter. I understand that the Division cannot serve as a private attorney for individuals and that any legal action taken by the Division would be on behalf of the public and not to represent my personal interests.

YOUR NAME  Mr.  Mrs.  Ms.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS/PERSON(S) YOUR COMPLAINT IS AGAINST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_



WHAT ACTION WILL RESOLVE YOUR COMPLAINT?

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**Please fill out this section if your complaint involves a motor vehicle**

NEW  USED

DATE OF PURCHASE: \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

MAKE OF VEHICLE: \_\_\_\_\_ MODEL: \_\_\_\_\_

MODEL YEAR: \_\_\_\_\_ STATE OF REGISTRATION: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

IF YOUR COMPLAINT INVOLVES VEHICLE REPAIRS, HOW MANY TIMES HAS IT BEEN REPAIRED FOR THE SAME PROBLEM? \_\_\_\_\_

NAME OF REPAIR SHOP: \_\_\_\_\_

I affirm that the information above is true to the best of my knowledge and belief. I understand that a copy of this complaint may be sent to the person or business against whom I am filing this complaint. I understand that if I have knowingly filed false or misleading information, this complaint will be closed by the Attorney General's Office. I further understand that my complaint is a public record and is subject to inspection by members of the public.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you are an individual with a disability who needs a reader, amplifier, sign language interpreter, or any other form of auxiliary aid or service to complete this form, please contact the Consumer Protection Division.