



Douglas County
Office of the District Attorney
 Consumer Protection Division
 111 East 11th Street
 Lawrence, Kansas 66044
 Phone: (785) 841-0211
 Fax: (785) 832-8202
 Website: www.douglascountyks.org

<u>Office Use Only</u>	
Agent: _____	
Category: _____	
File No.: _____	
Received: _____	

Consumer Complaint

1. PARTY COMPLAINING

2. COMPLAINT AGAINST

Name:		Business/Individual Name:	
Address:		Address:	
City:		City:	
County:		County:	
State:	Zip Code:	State:	Zip Code:
Date of Birth		Name and title of all persons you dealt with: <i>(Attach additional pages if necessary)</i>	
Home Phone:		Sales person:	
Work Phone:		Contact person:	
E-Mail:		Other:	
Best time to contact me:			
I am a (<i>Circle One</i>)		Individual Corporation Family Partnership	
Partnership Sole Proprietor		Other (<i>Explain</i>) _____	

3. Date of Purchase or transaction: _____

4. Did you sign a contract? _____ Date and place signed: _____

5. Product or service involved: _____

If vehicle, please print the VIN # _____

6. Amount Paid: \$ _____ Paid by: ___ Cash ___ Check ___ Credit Card
 ___ Loan ___ Installment ___ Other (*Please explain*) _____

7. Provide the name, address and phone number of the **finance company** if your purchase was financed; and the **manufacturer**, if your complaint concerns product defects or repairs. _____

8. First contact between you and individual/business (Check one):

- | | |
|--|---|
| <input type="checkbox"/> I received information in the mail | <input type="checkbox"/> At my home |
| <input type="checkbox"/> I went to business/individual's place of business | <input type="checkbox"/> Over the phone |
| <input type="checkbox"/> I received telephone call from business/ individual | <input type="checkbox"/> At the place of business |
| <input type="checkbox"/> I responded to a printed advertisement | <input type="checkbox"/> By mail |
| <input type="checkbox"/> I telephoned the business/individual | <input type="checkbox"/> Internet |
| <input type="checkbox"/> I responded to a radio/TV advertisement | <input type="checkbox"/> There was no transaction |
| <input type="checkbox"/> Person came to my home | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Other (Please explain) _____ | |
-

9. Have you consulted or retained an attorney regarding this complaint? Yes _____ No _____

If so, please state the name, address, and phone number of your attorney:

10. Have you contacted the business/individual about your complaint? Yes _____ No _____

11. Have your filed this complaint with any other agency or organization? Yes _____ No _____

If yes, list name of agency and status of complaint _____

12. If you have a mail order complaint: Name and address of publication or TV/radio station where offer was advertised: _____

13. What assistance are you seeking? (Circle one)

Refund

Product Delivery

Service Performed

Other (Please explain) _____

14. Is there a warranty involved: Yes _____ No _____

If a contract was signed, a warranty given or any promise or representation made concerning the quality of the goods or services, enclose a copy. If the statements or promises were not in writing, describe them in the following question.

Verification: In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys, but instead represent Douglas County in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas Law limits the period of time during which I may file any private legal actions(s), and I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regard to any private actions(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is directed against or to other appropriate agencies. Finally, I verify that the information contained in the above complaint is true and accurate to the best of my knowledge.

SIGNATURE _____

DATE _____

Return this form with copies of your papers to:

**Douglas County District Attorney Office
Consumer Protection Unit
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Lawrence, Kansas 66044**

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