

OFFICE OF ATTORNEY GENERAL

Mark A. Vargo

Division of Consumer Protection

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www.consumer.sd.gov

CONSUMER COMPLAINT

The Attorney General of the State of South Dakota and the Division of Consumer Protection have the authority to investigate deceptive or misleading business/trade practices and take legal action on behalf of the State of South Dakota. Neither the Attorney General nor his staff can act as a private attorney for you. This office is prohibited by law from providing legal advice to private parties. To preserve any private legal rights you have, you may wish to contact a private attorney in addition to contacting our office.

1. Consumer Information:

Your Name: Mr./Mrs./Ms. _____

Your Business Name (If Applicable): _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Were you under 18 when the transaction occurred? Yes No

Age Range: 18-30 31-50 50-Over

If you have talked with someone in our office, please list their name here: _____

2. Company or Person complained about:

Company: _____

Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Additional # _____

3. How Transaction was initiated (Check one):

____ I responded to a written ad.
If so, publication _____

____ I responded to a Radio/TV ad.
If so, station _____

____ I received information in the mail.

____ I received a telephone call.
____ I contacted or went to firm's business.
____ Firm first contacted me in person in my home.
____ Firm first contacted me in person away from my home.
____ Other _____

4. Where transaction took place (Check one):

____ My home ____ Firm's place of business
____ Telephone ____ Mail
____ Other: _____ ____ There was no transaction

5. Date of Transaction: _____ (mm/dd/yyyy)

6. Did you sign a contract? _____

7. Product or service: _____

8. Price _____ Amount paid to date _____

9. How was the transaction financed? _____

10. Actions taken to date (Check appropriate responses)

_____ I have contacted the firm about my complaint.

Person contacted: _____

Date: _____ Their reaction: _____

_____ I have attempted to cancel.

_____ I have requested the merchandise.

_____ I have retained a private attorney. (If so, list attorney's name and address)

_____ I filed a complaint with another agency. (If so, specify) _____

11. Summary of complaint:

Please describe briefly what you wish to report. Give specific facts in the order they happened with all dates, etc. you can recall. Please attach copies of any papers involved - such as advertisements, receipts, contracts, canceled checks, bills, financing papers and other documents related to your complaint. The documents will be returned to you upon request. (Attach an extra sheet if necessary.)

12. Who referred you to this office? _____

13. Would you be willing to testify in court, if necessary? Yes No

In submitting this form, I am giving authorization for the company and its affiliates to discuss and provide account information to the South Dakota Division of Consumer Protection.

The Division of Consumer Protection has my permission to send a copy of this complaint to the person or company complained about. I have read the complaint and hereby certify that the information reported is true and correct to the best of my knowledge, information and belief.

Applicant's signature

Date

State (SDCL 20-13) and Federal (Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans With Disabilities Act of 1990) laws require that the Office of Attorney General provide services to all persons without regard to race, creed, religion, sex, disability, ancestry, or national origin.