## DEPARTMENT OF JUSTICE Office of Consumer Protection PO BOX 200151 Helena, MT 59620-0151 Phone: 406-444-4500 or 800-481-6896 <u>ContactOCP@mt.gov</u>

## **Consumer Complaint Form**

To submit your complaint:

1.	Fill out this form as completely as possible, sign it and mail the signed original (not a copy) to the Office of
	Consumer Protection. Keep a copy for your own records.

2. Enclose photocopies of all documents relevant to your complaint, such as receipts, warranties, both sides of cancelled checks, contracts, etc. In this case, **do not send originals**.

Please print or type.

Your Name:									
Street Address:									
City:	State:		Zip:						
Telephone No.: Home:	Business:								
Party Complained of:									
Street Address:									
City:	State:		Zip:						
Telephone No.:	Manager or Salesperson:								
Product or Service Involved:									
Model No.:	Serial or VIN #:								
Purchase Price of Product: \$	Approximate Cost of Repair or Replacement: \$								
Date of Transaction:									
If your complaint relates to false advertising or deceptive was advertised. (If possible, attach a copy of the adve		es, indicate wh	en and where the product or serv	vice					
Was a contract signed?Yes ( ) - please attWas a warranty issued?Yes ( ) - please att		No ( ) No ( )							
Financial Institution Involved, if any:									
Referred by: (Name and address of private attorney	or legal aid gro	pup, etc.)							

Have you contacted the party complained of?	Yes (	)	No ( )
Have you retained a private attorney?	Yes (	)	No ( )
Did a telemarketer contact you?	Yes (	)	No ( )

Fully explain the nature of your complaint. Describe events in the order in which they occurred. Use additional pages if necessary.

State the relief you desire, i.e. refund, repair, etc.:

NOTE: If you desire legal advice, we suggest you contact a private attorney to handle your complaint.

I understand that:

- the State has full discretion concerning its acceptance, investigation and resolution of this complaint;
- the State cannot act as my attorney; and
- no attorney/client relationship is established as a result of any activities undertaken on my behalf.

I hereby:

- affirm that this complaint is true and correct to the best of my knowledge; and
- authorize the use of my name and this complaint in investigating the company or individual complained of.

**Optional**:

Revised 08/16 Web Form OCP-100 Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one):18-3031-4041-5051-60Over 602. Are you disabled?Yes ( )No ( )3. If you are a minority member, designate which: