

Consumer Protection Complaint Form

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Consumer Protection Division
1305 East Walnut
Des Moines, Iowa 50319
Email: consumer@ag.iowa.gov
www.iowaAttorneyGeneral.gov

Instructions:

1. Please print or type. Answer all questions fully and correctly.
2. Please mail **copies** of all documents that may relate to your complaint claim (contracts, advertisements, correspondence, proof of payment, etc.).
3. Return the information to the Consumer Protection Division (address above).
4. You may also file a complaint online. Be sure to include copies of all relevant documents.
5. **PLEASE NOTE: Important "Open Records" information on page 2 of this form.**

YOUR NAME AND ADDRESS:			NAME OF BUSINESS OR PERSON COMPLAINT IS AGAINST:		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Age:	Name:	
Name:				Address:	
Address:				City, State, Zip Code:	
City, State, Zip Code:				Primary Phone Number:	
Primary Phone Number:				Email Address:	
Email Address:				Website:	
Please check appropriate box if you or your spouse are an active or former duty service member or U.S. military veteran:					
<input type="checkbox"/> I am an active duty service member		<input type="checkbox"/> My spouse is an active duty service member			
<input type="checkbox"/> I am a U.S. Veteran		<input type="checkbox"/> My spouse is a U.S. Veteran			
For MOTOR VEHICLE COMPLAINTS, please list your Vehicle Identification Number (VIN):					
Product or service involved:			Amount of purchase or contract:		
Date of purchase or contract:			Amount paid:		
Product new or used?			Form of payment (check, credit card, etc.):		
Have you contacted the business or person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you contacted an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Date Contacted:		Name:	
				Date Contacted:	
What do you think should be done to resolve your complaint fairly?					

