

Price Gouging Complaint Form

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Consumer Protection Division
 1305 East Walnut
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www.iowaAttorneyGeneral.gov

Instructions:

1. The state's price-gouging rule forbids excessive prices for goods or services "needed by victims of disasters." That includes water, food, medicines, sanitation supplies, utilities, and building materials.
2. Please print or type. Answer all questions fully and correctly.
3. Please mail **copies** of all documents that may relate to your complaint claim (contracts, advertisements, photos, screenshots, receipts, etc.).
4. Return the information to the Consumer Protection Division (address above).
5. You may also file a complaint online. Be sure to include copies of all relevant documents.
6. **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				
Product or service involved:		Brand name of product (for example, Lysol, Huggies, Duracell):		
Size of product (for example, 14 oz., 40 count, 12 rolls, four 4-pack, 1 gallon, etc.):		Additional product/item descriptions (for example, extra-duty, caffeine-free, two-ply, jumbo, 20% more, ultra, skim, 80 lb. ready-to-use concrete mix, 2 x 4 x 8 plywood):		
Amount of purchase or contract:		Actual amount paid:		
Form of payment (check, credit card, etc.):		Date of purchase:		
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?

SUMMARY OF YOUR COMPLAINT – Please print or type. Use additional paper if necessary.

I understand that the Attorney General's Office is not my private attorney but represents the State of Iowa in enforcing laws designed to protect consumers from misleading or unlawful business practices. I also understand I may contact a private attorney for legal advice.
Signature_____ Date_____

Note: Complaints are Open Records

Under Iowa law, complaint forms or letters generally are "open records." The public has the right to review or obtain copies of open records. Also, copies of complaints are routinely sent to the person or business the complaint is directed against.

Please contact the Consumer Protection Division if you have questions about the open records law.