

INSTRUCTIONS:

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

| Section 1: | : Your Information | | | | | | | |
|---|---|----------------|---|--|---|----------|----------|--|
| Salutation | | | | | Street Address | | | |
| ☐ Mr. | ☐ Mrs. ☐ Ms. | ☐ Dr. | Miss | Rev. | | | | |
| Full Name or Organization/Agency | | | City | | State | Zip Code | | |
| If an Organization/Agency provide a Primary Contact Name | | | | | County Daytime Phone | | | |
| Age Group 18-24 25-34 35-44 45-54 55-59 60+ | | | | | Email Address | | | |
| May we contact you by email? If yes, we Are you or your spouse active military? | | | | | will not contact you by regular mail Yes No | | | |
| Section 2: | : Who is the Complaint | Against? | | | | | | |
| Individual/Business | | | | Name of Individual/Representative you dealt with | | | | |
| Street Add | dress | | | City | | State | Zip Code | |
| County | | Daytime Phone | | | Email Address | | | |
| | | | | | | | | |
| Section 3: | | | ı. — | | | | | |
| 3-A: Date of Transaction/Incident 3-B: If a Transaction, what was | | | s the Transaction for? My family/household | | | | | |
| 3-C: Wh | | | | | | | | |
| | ☐ My home ☐ By Internet/Email | | | | | | | |
| At the location of the business | | | | | By Telephone | | | |
| Away from the location of the business (work, convention, etc.) | | | | | ☐ By Social Media | | | |
| | By Mail Other | | | | | | | |
| | 3-D: What was the very first contact between you and the Individual/Business? | | | | | | | |
| | ☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed advertisement ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below: | | | | | | | |
| | ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below: ☐ A person came to my home ☐ I received a phone call from the business | | | | | | | |
| ☐ I received information by email ☐ I responded to an offer on the internet ☐ ☐ I responded to an offer on the internet ☐ ☐ ☐ I responded to an offer on the internet ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | | | | | | | |
| 3-E: Ho | ow did you Pay? | | | | | | | |
| ☐ Cash ☐ Credit Card/Pre-Pay ☐ Medicaid ☐ | | | Pay-Pal Wire Transfer | | | | | |
| Check Installment Loan Medicare | | | Private Insurance | Other | | | | |
| 3-F: Wh | hat, if any, is the Dollar amo | d with your lo | \$ | | | | | |
| 0 | Astinus Talenda Occ | | | | | • | | |
| Section 4 Actions Taken by Consumer No. 1. Actions Taken by Consumer or contract? If yes, please attach a copy of the documentation | | | | | | | | |
| Yes No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation. Yes No 4-B: Have you hired a private attorney? | | | | | | | | |
| ☐ Yes | Yes No 4-C: Have you started a court action? If yes, please attach a copy of all court papers. | | | | | | | |
| | Yes No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers. | | | | | | | |

CONSUMER COMPLAINT Page 2 of 2

| Section 4 Actions Taken by Consumer - continued |
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| Yes No 4-E: Have you complained to the Individual/Business? |
| Yes No 4-F: Have you filed a complaint with any other agency? If yes, list other agency: |
| |
| Section 5 Transaction/Incident Details – attach additional pages if necessary |
| Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. Do Not Include your Social Security Number . |
| If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident. |
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| Section 6 How would you like your Complaint resolved? |
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| Section 7 WHAT HAPPENS NEXT? Section 8 Mail Completed Forms to: |
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| <u>The Consumer Protection Division will send a copy of your complaint to the</u> <u>respondent individual/business or licensed professional</u> . This office cannot disclose Consumer Protection Division |
| your complaint against a licensed professional to the public unless this office files a Government Center South, 5th Floor |
| disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation Indianapolis, IN 46204 |
| or other rights that we cannot pursue for you. In addition to filing this complaint, you may 317-232-6330 (phone) • 317-233-4393 (fax) |
| want to consider contacting a private attorney or your local small claims court. www.IndianaConsumer.com |
| Section 9 Consent and Verification |
| |
| Do you consent to disclosing the |
| following information to the public? Yes No Your name Yes No Your phone number |
| |
| I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public |
| agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not |
| include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2). |
| expressiy consent to the disclosure of my social security number in accordance with indiana code § 4-1-10-3(2). |
| Your signature Date |