Ellen F. Rosenblum Attorney General



OREGON DEPARTMENT OF JUSTICE CONSUMER COMPLAINT FORM

PLEASE NOTE THE FOLLOWING:		
Under Oregon Law, the Attorney General cannot act as your private attorney or give you legal advice. Deadlines may prevent you from		
starting a lawsuit if you wait too long, you may wish to contact a private attorney. Filing this complaint does not change any deadlines. 1. PLEASE COMPLETE THIS FORM USING DARK INK. TYPE OR 2. RETURN THIS FORM ALONG WITH COPIES OF ALL SUPPORTING		
1. PLEASE COMPLETE THIS FORM USING DARK INK. TYPE OR 2 PRINT CLEARLY.		2. RETURN THIS FORM ALONG WITH COPIES OF ALL SUPPORTING DOCUMENTATION. DO NOT SEND YOUR ORIGINALS!
INFORMATION ABOUT YOU – FIELDS MARKED BY AN ASTERISK * ARE REQUIRED.		
* First Name:		
* Last Name:		
* Mailing Address:		
* City:	* State:	* Zip:
* Day Phone:	Cell:	Email:
□-I would like to receive FRAUD & SCAM ALERTS. (Email address required)		
□-I am not requesting action on this complaint □-I am over 65 years of age □-I am under 30 years of age		
□-English is not my first language □-I am a Veteran □-I would like info on Veteran's Benefits		
DEPENDING ON THE TYPE OF BUSINESS INVOLVED, THERE MAY BE OTHER STATE AGENCIES THAT CAN HELP. FOR A COMPLETE LIST OF AGENCIES, PLEASE VISIT - HTTP://WWW.OREGON.GOV/PAGES/A_TO_Z_LISTING.ASPX		
Please provide information about the business or person in which you are submitting the complaint about.		
Name of Business:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Business	Email Address:
IF YOU PAID BY CREDIT CARD, THE CARD ISSUER MAY OFFER RELIEF OR PROTECTION. CONSIDER CONTACTING YOUR CREDIT CARD COMPANY.		
\$\$ Money Lost:		Date of Transaction:
Type of Service or Tr	ansaction: □-Motor Vehicles □-Sales, Scams & Fra	□-Home & Mortgage □-Phone, Internet & TV ud □-ID Theft & Data Breaches □-Credit, Loans & Debt
If your complaint is about <u>TOWING</u> , provide the License Plate #:		If your complaint is about a <u>WEBSITE</u> , provide the Website
State: Plate #:		URL:
If you have an <u>ACCOUNT</u> with this business, provide the		Whom have you contacted concerning your Complaint?
		Business Name:
Account#:		Other:
ARE YOU REPRESENTED? -Yes -No Attorneys' Name:		
DN# 8406566 R∈v 07/14/19		Рноле#:

(Attach additional pages if needed)

By my signature below, I understand a) this complaint will become part of DOJ's permanent records and is subject to Oregon's Public Records Law; b) this complaint may be released to the business or person about whom I am complaining; c) this complaint may be referred to another governmental agency. I authorize any party to release to the DOJ any information and documentation relative to this complaint.		
Signature: Date:		
You can submit your completed complaint and supporting documentation via Mail Email or Eav		

You can submit your completed complaint and supporting documentation via, Mail, Email or Fax. <u>Mail Complaints to</u>: Department of Justice | Financial Fraud/Consumer Protection Section | 1162 Court St. NE | Salem, OR 97301 <u>Email Complaints to</u>: help@oregonconsumer.gov | <u>Fax Complaints to</u>: (503) 378-5017 or (503) 378-8910 Consumer Hotline - Toll Free Area: (877) 877-9392 | Hours: 8:30am to 4:30pm M-F

> Oregon Department of Justice Financial Fraud/Consumer Protection Section 1162 Court St., NE Salem, OR 97301-4096