



**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 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](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:	
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Type of Service or Transaction: -Motor Vehicles -Home & Mortgage -Phone, Internet & TV
 -Sales, Scams & Fraud -ID Theft & Data Breaches -Credit, Loans & Debt

If your complaint is about **TOWING**, provide the License Plate #:
 State: _____ Plate #: _____

If your complaint is about a **WEBSITE**, provide the Website
 URL: _____

If you have an **ACCOUNT** with this business, provide the
 Account #: _____

Whom have you contacted concerning your Complaint?
 Business Name: _____
 Other: _____

ARE YOU REPRESENTED? -YES -NO

ATTORNEYS' NAME: _____

PHONE #: _____

