



**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:			
Type of Service or Transaction:	<input type="checkbox"/> -Motor Vehicles	<input type="checkbox"/> -Home & Mortgage	<input type="checkbox"/> -Phone, Internet & TV		
	<input type="checkbox"/> -Sales, Scams & Fraud	<input type="checkbox"/> -ID Theft & Data Breaches	<input type="checkbox"/> -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

ATTORNEY'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

File Number: \_\_\_\_\_

Complaint Code: \_\_\_\_\_

Business Code: \_\_\_\_\_

Closing Code: \_\_\_\_\_

Return to: \_\_\_\_\_

Letter Type: \_\_\_\_\_

CC: \_\_\_\_\_

Notify: \_\_\_\_\_

Add'l Notify: \_\_\_\_\_

Rec'd From: \_\_\_\_\_

Referred To: \_\_\_\_\_

\$\$ Lost: \_\_\_\_\_

-Consumer Complaint -Web Search -Confidential

**Notes:**

