



State of Utah

Department of Commerce
Division of Consumer Protection

Send to:
Utah Division of Consumer Protection
Attention: Complaint Processor
Heber M. Wells Building, 2nd Floor
160 East 300 South, PO Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601 | (801) 530-6001 fax
www.consumerprotection.utah.gov

Consumer Complaint Form

The Division of Consumer Protection is charged with enforcing consumer protection laws. We offer assistance according to those laws; however, you should not rely solely on the filing of this complaint to resolve your problem. You may need to consult an attorney to determine what remedies may be available to you and any statute of limitations that may apply to your case.

| Section 1: Your Information | | | |
|---|---------------------|--|-------------------------------------|
| Last Name | | First Name | MI |
| Mailing Address | | | |
| City | | State | Zip Code |
| Day Time Phone | Home Phone | | Fax Number |
| Email Address | | Cell Phone | |
| Section 2: Information About the Company You Are Complaining Against | | | |
| Full Name of Company | | Alternate Company Name or DBA | |
| Mailing Address | | | |
| City | | State | Zip Code |
| Company's Internet Address (URL) | | | |
| Telephone Number | Fax Number | | Email Address |
| Section 3: Complaint Information | | | |
| Product, Item, or Service Involved | | | Date of Purchase, Service, Contract |
| Manufacturer or Brand | | | Model |
| Account Number | | Serial Number | |
| Did You Sign a Contract? Yes <input type="checkbox"/> No <input type="checkbox"/> | Contract Start Date | | Total Amount Paid to Date |
| Amount Company Claims Still Owing, if Any | Amount in Dispute | How was Payment Made? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Finance Agreement <input type="checkbox"/> Other _____ | |
| Section 4: Information about Transaction | | | |
| How was initial contact made between you and the business? <input type="checkbox"/> Person came to my home <input type="checkbox"/> I went to the company's place of business <input type="checkbox"/> I received a telephone call from the business <input type="checkbox"/> I telephoned the business <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I responded to a radio/TV ad <input type="checkbox"/> I responded to printed advertisement <input type="checkbox"/> I responded to website or email solicitation <input type="checkbox"/> I attended a trade show or convention <input type="checkbox"/> Other _____ | | Where did the transaction take place? <input type="checkbox"/> At my home <input type="checkbox"/> At company's place of business <input type="checkbox"/> By mail <input type="checkbox"/> Over the phone <input type="checkbox"/> Via computer (website or email) <input type="checkbox"/> Trade show or hotel <input type="checkbox"/> Other _____ | |

Section 5: Details of Complaint (Please describe your complaint below, or attach a description of your complaint. Please type if possible.)

☐ My complaint is described in an attached document.

Section 6: Resolution Attempts You Have Made

| | | |
|---|---|-----------------------|
| Have You Contacted the Company with Your Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, Name the Person Most Recently Contacted | Person's Phone Number |
| Result of Contact with Company | | |
| What Result Would You Consider Fair? | | |
| Do You Have an Attorney in this Case? YES <input type="checkbox"/> NO <input type="checkbox"/> | If Yes, Name of Your Attorney | Attorney's Number |
| Has Your Issue Been Heard or is it Scheduled to be Heard in Court? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When and Where? | | |
| If Already Heard, What was the Result? | | |

Section 7: Important Information

PLEASE ATTACH COPIES OF ANY DOCUMENTS RELATED TO YOUR COMPLAINT

☐ Contracts ☐ Letters ☐ Emails ☐ Invoices ☐ Receipts ☐ Bids ☐ Estimates/Proposals
☐ Bank/credit card statements showing charges ☐ Agreements ☐ Mailers/flyers

DO NOT SEND ORIGINALS. Materials submitted with your complaint will NOT be returned to you.

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this complaint, I understand that the Division of Consumer Protection is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful practices. I further understand that if I have any questions concerning my legal rights or responsibilities, the Division cannot give me legal advice and I should contact a private attorney. I understand that this complaint and any materials I provide to the Division that are records under the Utah Government Records Access and Management Act are governed by the Act. I hereby give my consent to the disclosure of the complaint and materials for purposes related to an investigation by the Division. The above complaint is true and accurate to the best of my knowledge and belief.

I understand that my cooperation with the investigation is necessary, and that the Division may close its investigation without sufficient cooperation.

I certify that I am filing this complaint on my own behalf or that my authorized representative is filing the complaint on my behalf. NO YES

SIGNATURE: _____ **DATE:** _____