



**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. Filing this complaint does not change those deadlines or guarantee the results you want. You may wish to contact a private attorney. If you paid by credit card, the card issuer may offer relief (or protection).

- 1. Please use dark ink. Type or print clearly.**
- 2. Return this form with copies of important papers.**

- 3. Keep your original papers.**
- 4. Attach any additional explanation.**

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell phone number _____ Email address _____

Name of Business or person about which you are complaining _____

Mailing/Street Address _____

City _____ State _____ Zip _____

Phone _____

Date of Transaction(s): _____ How much money, if any, do you believe you lost? _____

Whom have you contacted regarding your complaint?

- Attorney _____
- Business _____
- Other _____

- 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**

If you would like to receive **SCAM ALERTS**, print your email address: _____

FOR OFFICIAL USE ONLY

FF #: _____ Rec'd From: _____

Comp. Code: _____ Bus Code: _____ Ref'd To: _____

Comp. Code: _____ Bus Code: _____ Uncheck: -Cons.Comp. -Websrch

Closing Code: _____ Ltr Type: _____ Notes: _____

Rtn to: _____ Notify: _____

Cc: _____ \$\$Amt: _____

-ADS -HJM -GJD

