



Johnson County  
Office of the District Attorney  
Consumer Protection Division  
P.O. Box 728  
Olathe, Kansas 66051  
Phone: (913) 715-3003  
Fax: (913) 715-3040

File No. \_\_\_\_\_

## CONSUMER COMPLAINT

**Stephen M. Howe**  
District Attorney

### INFORMATION ABOUT THE CONSUMER (SIGNATURE ON BACK REQUIRED)

|                                   |   |
|-----------------------------------|---|
| Name: Mr. Ms.                     | Date of Birth:  |
| Address:                          | Apt. #:   |
| City, State, Zip:                 |   |
| Daytime Phone #:<br>Home Phone #: |   |
| I am a:<br>(Circle One)           | Individual<br>Sole Proprietor<br>Corporation<br>Partnership |

### INFORMATION ABOUT THE COMPANY YOUR COMPLAINT IS AGAINST

|                                  |
|----------------------------------|
| Company Name:                    |
| Address:                         |
| City, State, Zip:                |
| Phone #:                         |
| Sales Person:<br>Contact Person: |

### INFORMATION ABOUT THE TRANSACTION

|  |   |               |
|--|---|---------------|
| Date of Transaction:<br>Did you sign a contract?   | Date Signed:  | Place Signed: |
| Product or service involved:   |   |               |
| Amount Paid: \$ _____  | Paid By: ___ Cash ___ Check ___ Credit Card ___ Loan  |               |
| Are you making payments on a contract? ___ If so, list company name, address, amounts paid, and your account number:   |   |               |
| First contact between you and the company:<br>(Check One)  | Where did the transaction take place:<br>(Check One)  |               |
| <input type="checkbox"/> Person came to my home<br><input type="checkbox"/> I telephoned the company<br><input type="checkbox"/> I responded to a radio/tv ad<br><input type="checkbox"/> I received information in the mail<br><input type="checkbox"/> I went to company's place of business<br><input type="checkbox"/> I received a telephone call from company<br><input type="checkbox"/> Other (Explain): | <input type="checkbox"/> Over the Phone<br><input type="checkbox"/> At home<br><input type="checkbox"/> At the company<br><input type="checkbox"/> By mail<br><input type="checkbox"/> Other (Explain): |               |

### RESOLUTION SOUGHT

|  |                             |                           |
|--|-----------------------------|---------------------------|
| What assistance are you seeking? (Circle One)<br>Explain:      | Refund<br>Service Performed | Product Delivery<br>Other |
| If you are seeking a refund, please state the amount: \$ _____ |                             |                           |

## ACTION YOU HAVE TAKEN

Have you retained an attorney regarding this complaint? \_\_\_\_  
If so, please state the name, address, and phone number of your attorney:

Has legal action been taken by you or against you with regard to this complaint? \_\_\_\_  
If so, please describe the current status of any legal action:

Have you filed this complaint with any other agencies? \_\_\_\_  
If so, list name of agency and status of complaint:

## DESCRIPTION OF TRANSACTION

Please describe the transaction in chronological order (Add additional pages if necessary).

## DOCUMENTATION OF THE TRANSACTION

Please provide copies of All documents relevant to this complaint, including advertising material, contracts, warranty information, receipts, letters, checks (Front and Back), photographs, etc. Failure to provide All relevant documents will cause unnecessary delay in the handling of your complaint.

## VERIFICATION

In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys, but instead represent Johnson County in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas Law limits the period of time during which I may file any private legal actions(s), and I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regard to any private actions(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is directed against or to other appropriate agencies. Finally, I verify that the information contained in the above complaint is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Your Signature (Required)

\_\_\_\_\_  
Date

PLEASE COMPLETE BOTH PAGES - INCOMPLETE FORMS MAY BE RETURNED