



Johnson County  
Office of the District Attorney  
**Stephen M. Howe**  
P.O. Box 728  
Olathe, Kansas 66051  
Phone: (913) 715-3003  
Fax: (913) 715-3040

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

Kansas Consumer Protection Act  
**CONSUMER COMPLAINT**

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

Name: Mr. Ms.	Date of Birth:
Address:	
City, State, Zip:	
Phone #: E-mail:	
I am a: Individual Corporation (Circle One) Sole Proprietor Partnership	

**INFORMATION ABOUT THE COMPANY  
YOUR COMPLAINT IS AGAINST**

Company Name:
Address:
City, State, Zip:
Phone #: E-mail: Website:
Your contact at the business:

**INFORMATION ABOUT THE TRANSACTION**

Date of Transaction:	
Did you sign a contract? (include copies of all contracts or agreements)	
Product or service involved:	
Amount Paid: \$_____ Paid By: Cash____ Check____ Credit Card____ Loan____ (include proof of payment and/or receipts)	
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: ____ I contacted the company ____ I responded to an ad/mailling/call from the business ____ the business solicited a door-to-door sale at my home ____ Other:	Where did the transaction take place:

What assistance are you seeking? Refund ____ Product Delivery ____ Service Performed____ Other: ____ (explain)
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, proof of payment, photographs and evidence of any demands you've made to the business for a refund. 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 the consumer protection division does not initiate criminal investigations and that I should file a police report if I believe I have been the victim of a crime. 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. 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

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