



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 #: Home Phone #:	
I am a: (Circle One)	Individual Sole Proprietor Corporation Partnership

INFORMATION ABOUT THE COMPANY YOUR COMPLAINT IS AGAINST

Company Name:
Address:
City, State, Zip:
Phone #:
Sales Person: Contact Person:

INFORMATION ABOUT THE TRANSACTION

Date of Transaction: 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: (Check One)	Where did the transaction take place: (Check One)	
<input type="checkbox"/> Person came to my home <input type="checkbox"/> I telephoned the company <input type="checkbox"/> I responded to a radio/tv ad <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I went to company's place of business <input type="checkbox"/> I received a telephone call from company <input type="checkbox"/> Other (Explain):	<input type="checkbox"/> Over the Phone <input type="checkbox"/> At home <input type="checkbox"/> At the company <input type="checkbox"/> By mail <input type="checkbox"/> Other (Explain):	

RESOLUTION SOUGHT

What assistance are you seeking? (Circle One) Explain:	Refund Service Performed	Product Delivery 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, and will become accessible to others under the Kansas Open Records Act. 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