



*Johnson County*  
**Office of the District Attorney**  
**Consumer Protection Division**  
150 W Santa Fe St., 3rd Floor  
Olathe, Kansas 66061  
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)	
___ Person came to my home ___ I telephoned the company ___ I responded to a radio/tv ad ___ I received information in the mail ___ I went to company's place of business ___ I received a telephone call from company ___ Other (Explain):	___ Over the Phone ___ At home ___ At the company ___ By mail ___ 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