



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Consumer Protection
Office 800-282-0515
Fax 866-268-2279

30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

Office Use Only:
Complaint #:

Business/Nonprofit Complaint Form

The Ohio Attorney General's Consumer Protection Section provides a complaint resolution process to resolve disputes involving the purchase of goods or services between businesses and/or non-profit organizations. If you have a complaint regarding a product or service used for your business or organization, you may file a complaint with our office.

You May File a Complaint One of Three Ways:

By mail: Complete this form in dark ink and mail to: Consumer Protection Section 30 E. Broad St., 14th floor Columbus, OH 43215-3400	By phone: Call 800-282-0515 Our help center associates will assist you in filing your complaint.	Online: Visit www.OhioAttorneyGeneral.gov On our Web site, you can file a complaint, sign up for our e-newsletter and learn about consumer rights.
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Pre-Complaint Questions:

- Have you contacted the company about your complaint? Yes ___ No ___
- Have you hired an attorney to represent you in this matter? Yes ___ No ___
 If yes, provide: Attorney's name: _____ Attorney's phone number: (____) _____
- Are you involved in a lawsuit regarding this issue? Yes ___ No ___
- Have you contacted any other agencies regarding this issue? Yes ___ No ___
 If yes, please list the agencies: _____

PLEASE NOTE: Any information you submit with your complaint is considered public and may be released as part of a public records request. Remove Social Security numbers, credit card numbers, debit card numbers and other bank account numbers from any documents you submit with your complaint.

Information about Your Organization:

Name of your business or organization: _____

Number of employees: _____ Non-profit? Yes ___ No ___

Contact person: _____ Title: _____

Business address: _____

City: _____ State: _____ Zip Code: _____ County: _____ Country: _____

Daytime phone: (____) _____ Alternate phone: (____) _____

E-mail address: _____ Fax: (____) _____

Subject of the Complaint (Business Information):

Name of business you're complaining about: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____ Country: _____

Telephone: (____) _____ Toll-free: (____) _____ Fax: (____) _____

E-mail address: _____ Web address: _____

Name of business owner/salesperson: _____

About the Transaction:

Product/service involved: _____

Date of purchase: ____ / ____ / ____ (mm/dd/yyyy)

Did you sign a contract? Yes ____ No ____

Are you making payments? Yes ____ No ____

Total cost of product/service: \$ _____

Method of payment: _____

Amount paid so far: \$ _____ Disputed amount: \$ _____

Is the product/service under warranty? Yes ____ No ____

If yes, warranty company name: _____

How did the first contact with the company occur?

- | | |
|---|---|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Home visit | <input type="checkbox"/> Store visit |
| <input type="checkbox"/> Infomercial | <input type="checkbox"/> Telephone call |
| <input type="checkbox"/> Internet auction | <input type="checkbox"/> Television |
| <input type="checkbox"/> Internet banner/Web site | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Other: _____ |

Describe the transaction and your complaint: _____

Briefly describe what you would consider a reasonable resolution to your complaint: _____

Motor Vehicle Complaints *ONLY*:

Complete this section only if your complaint regards a motor vehicle:

Make: _____ Model: _____ Purchase / Lease (*circle one*)

Vehicle Identification Number (VIN—*not your license plate number*): _____

Year of vehicle: _____ New / Used (*circle one*) Under warranty / "AS IS" (*circle one*)

Mileage at purchase or lease: _____ Current mileage: _____

Acknowledgment of Terms and Conditions:

By checking this box I acknowledge that the information given above is true to the best of my knowledge and belief. I understand that any information I submit to the Ohio Attorney General's Office is considered public information and may be released in a public records request. I understand a copy of this form and all documents relating to my complaint will be forwarded to the company that is the subject of my complaint. I understand that the Ohio Attorney General cannot serve as my private attorney.

Date submitted: ____ / ____ / ____ (mm/dd/yyyy)