

## CONSUMER COMPLAINT FORM

Name: \_\_\_\_\_ Senior Citizen (over 65)? Yes No

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Island / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Name of Seller or Provider of Services: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Island / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Other Seller or Provider of Services: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Island / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_ Cost of Product: \_\_\_\_\_ How Paid: \_\_\_\_\_

Did you sign a contract? Yes No Where? \_\_\_\_\_ Date: \_\_\_\_\_

Was the product or service advertised? Yes No. Where? \_\_\_\_\_ Date: \_\_\_\_\_

Have you complained to the company or the individual? Yes No Date: \_\_\_\_\_

How? By Phone By Mail By Email By Facsimile In Person Other: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Job Title: \_\_\_\_\_

Nature of Response: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Has this matter been submitted to another agency or attorney? Yes No

If yes, Please give name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Court action currently pending? Yes No If yes, where? \_\_\_\_\_

If complaint involves a motor vehicle please fill out the following information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Mileage: \_\_\_\_\_ Purchased: New Used Sold: With Warranty As Is



Briefly Describe Your Complaint (attach extra sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What form of relief are you seeking (e.g. exchange, repair, refund, etc.)? \_\_\_\_\_

\_\_\_\_\_

How did you know to complain to this Office? \_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

Please attach to this form photocopies of any papers involved (contracts, warranties, bills received, canceled checks - front and back, correspondences, etc.) Do Not Sent Originals.

In order to resolve your complaint we may send a copy of this form to the person or firm you are complaining about.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights and responsibilities, I should contact a private attorney. I have no objections to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** Office of the Attorney General  
Commonwealth of the Northern Mariana Islands  
Caller Box 10007, Capitol Hill  
Saipan, MP. 96950  
Attn: Office of Consumer Counsel  
Facsimile: 670/664-2349

