

Program Name

Program Address

Program Phone

Program Fax

Program Email

### Local Consumer Program Complaint Form

If your complaint is urgent or if you seek an accommodation due to a disability, please call the AGO Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337. The AGO Consumer Hotline can answer questions, provide information, and offer referrals to appropriate divisions within the Office of the Attorney General (AGO) or other government agencies and organizations.

#### Your Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Note:** You will only be contacted by telephone during normal business hours.

Email: \_\_\_\_\_

Check Here if you are over 60 (Optional)  Veteran of U.S. Military Service OR  Active Duty U.S. Military (Optional) Note: You are not required to provide this information to file a complaint, but having it may help us serve you more effectively.

Are you filing the complaint as a a business or an individual?  Business  Individual

---

#### Business or Organization that is the subject of this complaint:

Business Name: \_\_\_\_\_

Was this an online transaction?  Yes  No (note: if yes, please enter website address in Business Address if known)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension (optional): \_\_\_\_\_

Please list the type of business below. Be as specific as possible:

\_\_\_\_\_

---

#### Information on your complaint:

Describe the problem or concern that this complaint is about:

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

If you made a payment, please indicate method of payment (optional):

- Cash   
 Check   
 Credit Card   
 Debit Card   
 Prepaid Card  
 Internet Money Transfer   
 Money/Wire Transfer   
 Other

If you are requesting mediation, what resolution do you seek?

---



---

If you are seeking a specific dollar amount for a resolution, please indicate the amount: \$: \_\_\_\_\_

What outcome do you seek from filing this complaint?

- Assistance from the program and possible mediation of my complaint  
 I only want to let the program know about this business or trade practice.  
 I would like to update a complaint that I filed recently.

Have you complained directly to the business?     Yes     No

Have you previously contacted the MA Attorney General's Office or other agencies about this problem?     Yes     No

If Yes, please specify dates of previous contacts with the MA AG's Office and/or other agencies you have contacted:

Have you hired an attorney to represent you in this matter?     Yes     No

Has this matter ever been taken to court?     Yes     No

**Instructions:**

**DO NOT SEND ORIGINALS. Your documents will NOT be returned to you.** Please retain a copy for your records and send us photocopies or an electronic scan of any documentation you think may be helpful in resolving the complaint.

Please do NOT include financial account numbers, credit or debit card numbers, your social security number, etc., or other sensitive personal information. We will contact you if we need any of this information.

**Read the Following Before Signing Below:**

I. **Disclosure of Your Complaint.**  
Public Record. Under most circumstances, your complaint and any related information will be considered a public record and available to any member of the public upon request.

**Disclosure to the Business or Organization.**  
In order to resolve your complaint we may release any and all information with regard to this complaint, including the form itself, to the business or organization you are complaining about.

**Disclosure to Other Entities.**  
Your complaint and any related information may be disclosed to other law enforcement and regulatory agencies, including one of the Local Consumer Programs in your area.

II. **Consulting With a Private Attorney.**  
The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing my name above, I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.