

State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Information & Mediation Service
6 State House Station
Augusta, ME 04333-0006

JANET T. MILLS
Attorney General

Complaint #
Mediator
PDF

CONSUMER COMPLAINT FORM

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against

Name of Consumer

Name of Business: _____
Address: _____
City: _____ State _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

Your name _____
Address _____
City: _____ State: _____ Zip: _____
Tel: Work _____ Home: _____
Fax: _____
Email: _____

Manufacturer

Name of Manufacturer: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

Specific details about the transaction:

Did you sign a contract? Yes: ___ No: ___
Did you receive a warranty? Yes: ___ No: ___
Did you buy an extended warranty? Yes: ___ No: ___
Did you pay by credit card? Yes: ___ No: ___
Have you contacted your credit card company to dispute your bill and request a credit to your account?
Yes: ___ No: ___

Date of Transaction: _____ Price: \$ _____ Amount of money paid? \$ _____

Name of person you dealt with: _____

Was the service or product advertised? Yes ___ No ___ If yes, was the advertisement accurate? Yes ___ No ___

What is the product or service you are complaining about? _____

Have you submitted this matter to another agency or lawyer? Yes ___ No ___

Agency's or lawyer's name and phone: _____

Have you sued the company or has the company sued you? Yes ___ No ___

May we send a copy of this complaint to the business? Yes ___ No ___

If you check "no" we will not be able to mediate your complaint.
However, we will keep your complaint in our files.

PLEASE COMPLETE THE OTHER SIDE

