

**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

**PYRAMID 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 Person You Gave Money To:

Name of Consumer

Name: _____
Address: _____
City: _____ State _____ Zip: _____
Tel: _____
Email: _____

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

Name of the person who started the pyramid in your area
_____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____

What is the name of the pyramid you are involved in?

\_\_\_\_\_

How much did you pay into the pyramid? \$ \_\_\_\_\_

What date did you make the payment? \_\_\_\_\_

Did you ever reach the top of the pyramid and receive any money? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much money did you receive? \$ \_\_\_\_\_

Have you asked for the return of your money? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the response? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE**

