

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

WILLIAM J. SCHNEIDER,
Attorney General

Complaint # _____

Mediator _____

PDF

COMPLAINT FORM
PYRAMID

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. Please do not use staples.**

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 _____

Cell: _____ Fax: _____

Email: _____

Name of the person who started the pyramid in your area

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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

