

# Consumer Assistance Request Form



The Office of  
MINNESOTA ATTORNEY GENERAL  
LORI SWANSON

## YOUR INFORMATION

Your Name:

\_\_\_\_\_

Your Street Address:

\_\_\_\_\_

Your City, State, Zip:

\_\_\_\_\_

Your Day Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Your Night Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Your Cell Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## COMPANY COMPLAINED ABOUT

Name of Company Complained About:

\_\_\_\_\_

Its Street Address:

\_\_\_\_\_

Its City, State, Zip:

\_\_\_\_\_

Its Phone Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Its Contact Person:

\_\_\_\_\_

Their Title:

\_\_\_\_\_

## HAVE YOU CONTACTED ANOTHER AGENCY?

Have you contacted another agency?

Yes

No

If yes, give name of agency and result:

\_\_\_\_\_

## HAVE YOU FILED A LAWSUIT?

Have you filed a lawsuit?

Yes

No

If yes, what was the result?

\_\_\_\_\_

## PRODUCT OR PAYMENT INVOLVED (IF ANY)

Product/Service Involved:

\_\_\_\_\_

Date of Purchase:

\_\_\_\_\_

Amount of Purchase:

\_\_\_\_\_

## EXPLANATION OF PROBLEM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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More room is available on the next page →

Questions Continue on the Next Page →

**EXPLANATION OF PROBLEM, CONTINUED**

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**WHAT DO YOU WANT THE COMPANY TO DO?**

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(If you need more space, please feel free to attach a separate document with more information.)

The information you provide may be used in our efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws. The information may be shared with the party complained against, law enforcement agencies and consumer assistance agencies. You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.

The information I have given you is true and accurate to the best of my knowledge and may be used as stated on this form.

**Signature**

**Date**

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**Please mail completed, signed form (and any attachments) to: Office of Minnesota Attorney General Lori Swanson, 445 Minnesota Street, Suite 1400, St. Paul, MN 55101. Call our office at (651) 296-3353 or (800) 657-3787 with any questions.**

Thank you for the opportunity to assist you.

***Lori Swanson***  
MINNESOTA ATTORNEY GENERAL