Office of Minnesota Attorney General Lori Swanson
Consumer Report Form

Suite 1400, 445 Minnesota Street
St. Paul, MN 55101

Phone: (651) 296-3353 or (800) 657-3787
TTY: (651) 297-7206 or (800) 366-4812

Your Name (Please Print)	**Name of Company Complained About**
Your Address	**Its Address**
Your City, State, Zip	**Its City, State, Zip**
Your Day Phone (Include Area Code) / **Your Evening Phone** (Include Area Code)	**Its Phone Number** (Include Area Code)
Your Cell Phone (Include Area Code)	**Its Contact Person** **Title**

The information you provide may be used in 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.

Have you contacted another agency? Yes ☐ No ☐ If yes, give name of agency and result:	Have you filed a lawsuit? Yes ☐ No ☐ Result:

Product/Service Involved	Date of Purchase	Amount of Purchase

What do you want the company to do?

Explanation of 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

Please 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