

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

More room is available on the next page →

Questions Continue on the Next Page →

