

Consumer Assistance Request Form



The Office of the
Minnesota Attorney General
helping people afford their lives and live with dignity and respect

Consumer Information

Your Name

Suffix (Jr., Sr., etc.)

Company/Organization

Street Address

City, State, Zip

Primary Phone

Alternate Phone

Email

Company Complained About

Name of Company Complained About

Contact Person at Company Complained About

Title of Contact Person

Street Address

City, State, Zip

Phone Number

Their Email

Have you contacted another agency?

Yes No

If yes, which agency did you contact?

Consumer Financial Protection Bureau

Internal Revenue Service

MN Public Utilities Commission

Federal Bureau of Investigation

MN Department of Commerce

US Department of Justice

Federal Communications Commission

MN Department of Human Rights

US Postal Inspection Service

Federal Trade Commission

MN Department of Revenue

Other _____

And what was the result? _____

Have you filed a lawsuit?

Yes No

If yes, what was the Court File Number? _____

And what was the result? _____

Product, Service, or Payment Involved

Product or Service Involved

Date of Purchase

Amount of Purchase (\$ USD)

Customer ID or Account Number

Explanation & Resolution

Explanation of the Problem

What do you want the company to do?

By signing below, I consent to and acknowledge that the information I am providing may be used and/or disseminated by the Minnesota Attorney General's Office: (a) to resolve the issue about which I am contacting the Office, including by contacting any person or entity complained against; (b) to communicate with me; (c) to other law enforcement agencies and/or consumer-assistance agencies; and (d) to otherwise assist in enforcing the law. Except as otherwise authorized by this consent, I understand that the information I am providing will be treated as "private data on individuals" under the Minnesota Government Data Practices Act, Minn. Stat. ch. 13, and shall not be used or disseminated except as authorized under the Act or other applicable state or federal law. I understand that I am not legally required to provide the information I have submitted in this form, but that my failure to do so may make it more difficult to resolve my concern.

Signature

Date

Please mail completed, signed form (and any attachments) to:
Office of Minnesota Attorney General Keith Ellison, 445 Minnesota Street, Suite 1400, St. Paul, MN 55101.