OFFICE OF ATTORNEY GENERAL

MARTY J. JACKLEY
Division of Consumer Protection
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CONSUMER COMPLAINT

The Attorney General of the State of South Dakota and the Division of Consumer Protection have the authority to investigate deceptive or misleading business/trade practices and take legal action on behalf of the State of South Dakota. Neither the Attorney General nor his staff can act as a private attorney for you. This office is prohibited by law from providing legal advice to private parties. To preserve any private legal rights you have, you may wish to contact a private attorney in addition to contacting our office.

1. Consumer Information:

Your Name: Mr./Mrs./Ms. _____

Your Business Name (If Applicable): _____

Address: _____County: _____

City: _____State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Were you under 18 when the transaction occurred? Yes ☐ No ☐

Age Range: 18-30 ☐ 31-50 ☐ 50-Over ☐

If you have talked with someone in our office, please list their name here: _____

2. Company or Person complained about:

Company: _____

Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Additional # _____

3. How Transaction was initiated (Check one):

____I responded to a written ad.
If so, publication_____
____I responded to a Radio/TV ad.
If so, station_____
____I received information in the mail.
____I received a telephone call.
____I contacted or went to firm's business.
____Firm first contacted me in person in my home.
____Firm first contacted me in person away from my home.
____Other_____

4. Where transaction took place (Check one):

____My home
____Telephone
____Other: _____
____Firm's place of business
____Mail
____There was no transaction

5. Date of Transaction: _____ (mm/dd/yyyy)

6. Did you sign a contract? _____

7. Product or service: _____

8. Price _____ **Amount paid to date** _____

9. How was the transaction financed? _____

10. Actions taken to date (Check appropriate responses)

_____I have contacted the firm about my complaint.

Person contacted: _____

Date: _____ Their reaction: _____

_____

_____I have attempted to cancel.

_____I have requested the merchandise.

_____I have retained a private attorney. (If so, list attorney's name and address)

_____

_____I filed a complaint with another agency. (If so, specify) _____

_____

11. **Summary of complaint:**

Please describe briefly what you wish to report. Give specific facts in the order they happened with all dates, etc. you can recall. Please attach copies of any papers involved - such as advertisements, receipts, contracts, canceled checks, bills, financing papers and other documents related to your complaint. The documents will be returned to you upon request. (Attach an extra sheet if necessary.)

12. Who referred you to this office? _____

13. **Would you be willing to testify in court, if necessary?** Yes ☐ No ☐

In submitting this form, I am giving authorization for the company and its affiliates to discuss and provide account information to the South Dakota Division of Consumer Protection.

The Division of Consumer Protection has my permission to send a copy of this complaint to the person or company complained about. I have read the complaint and hereby certify that the information reported is true and correct to the best of my knowledge, information and belief.

_____ _____

Applicant's signature Date

State (SDCL 20-13) and Federal (Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans With Disabilities Act of 1990) laws require that the Office of Attorney General provide services to all persons without regard to race, creed, religion, sex, disability, ancestry, or national origin.