



# State of Utah

Department of Commerce  
Division of Consumer Protection

Send to:  
Utah Division of Consumer Protection  
Attention: Complaint Processor  
Heber M. Wells Building, 2<sup>nd</sup> Floor  
160 East 300 South, PO Box 146704  
Salt Lake City, UT 84114-6704  
(801) 530-6601 | (801) 530-6001 fax  
www.consumerprotection.utah.gov

## Consumer Complaint Form

The Division of Consumer Protection is charged with enforcing consumer protection laws. We offer assistance according to those laws; however, you should not rely solely on the filing of this complaint to resolve your problem. You may need to consult an attorney to determine what remedies may be available to you and any statute of limitations that may apply to your case.

Section 1: Your Information				
Last Name		First Name		MI
Mailing Address				
City		State	Zip Code	
Day Time Phone	Home Phone		Fax Number	
Email Address			Cell Phone	
Section 2: Information About the Company You Are Complaining Against				
Full Name of Company			Alternate Company Name or DBA	
Mailing Address				
City		State	Zip Code	
Company's Internet Address (URL)				
Telephone Number	Fax Number		Email Address	
Section 3: Complaint Information				
Product, Item, or Service Involved			Date of Purchase, Service, Contract	
Manufacturer or Brand			Model	
Account Number		Serial Number		
Did You Sign a Contract? Yes [ ] No [ ]	Contract Start Date		Total Amount Paid to Date	
Amount Company Claims Still Owing, if Any	Amount in Dispute	How was Payment Made? [ ] Cash [ ] Check [ ] Credit Card [ ] Debit Card [ ] Money Order [ ] Wire Transfer [ ] Finance Agreement [ ] Other _____		
Section 4: Information about Transaction				
How was initial contact made between you and the business? [ ] Person came to my home [ ] I went to the company's place of business [ ] I received a telephone call from the business [ ] I telephoned the business [ ] I received information in the mail [ ] I responded to a radio/TV ad [ ] I responded to printed advertisement [ ] I responded to website or email solicitation [ ] I attended a trade show or convention [ ] Other _____			Where did the transaction take place? [ ] At my home [ ] At company's place of business [ ] By mail [ ] Over the phone [ ] Via computer (website or email) [ ] Trade show or hotel [ ] Other _____	

**Section 5: Details of Complaint** (Please describe your complaint below, or attach a description of your complaint. Please type if possible.)

My complaint is described in an attached document. If your complaint will not fit in the box below, please attach it in a separate document.

**Section 6: Resolution Attempts You Have Made**

Have You Contacted the Company with Your Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name the Person Most Recently Contacted	Person's Phone Number
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Result of Contact with Company

What Result Would You Consider Fair?

Do You Have an Attorney in this Case? YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Name of Your Attorney	Attorney's Number
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Has Your Issue Been Heard or is it Scheduled to be Heard in Court? Yes  No  If Yes, When and Where?

If Already Heard, What was the Result?

**Section 7: Important Information**

**PLEASE ATTACH COPIES OF ANY DOCUMENTS RELATED TO YOUR COMPLAINT**

Contracts  Letters  Emails  Invoices  Receipts  Bids  Estimates/Proposals  
 Bank/credit card statements showing charges  Agreements  Mailers/flyers

**DO NOT SEND ORIGINALS.** Materials submitted with your complaint will NOT be returned to you.

**PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW**

In filing this complaint, I understand that the Division of Consumer Protection is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful practices. I further understand that if I have any questions concerning my legal rights or responsibilities, the Division cannot give me legal advice and I should contact a private attorney. I understand that this complaint and any materials I provide to the Division that are records under the Utah Government Records Access and Management Act are governed by the Act. I hereby give my consent to the disclosure of the complaint and materials for purposes related to an investigation by the Division. The above complaint is true and accurate to the best of my knowledge and belief.

**I understand that my cooperation with the investigation is necessary, and that the Division may close its investigation without sufficient cooperation.**

I certify that I am filing this complaint on my own behalf or that my authorized representative is filing the complaint on my behalf. NO YES

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_