



OFFICE OF THE ATTORNEY GENERAL

Raúl R. Labrador

Consumer Protection Division
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For Office Use Only

CONSUMER COMPLAINT FORM

For your convenience, you can fill out this form on your computer. However, to file your complaint, you must print, sign, and send this form to the Attorney General's Office. We recommend that you print two copies of the form, sending one signed copy to us with supporting documentation and keeping the other copy with the supporting documentation for your own files. **Please do not attempt to e-mail this form. We will not receive it.** Please print completed form and mail it to the address listed above.

INFORMATION ABOUT YOU

Your Name: (required) _____

Address: (required) _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Email Address:** _____

INFORMATION ABOUT THE BUSINESS OR THE PERSON THAT YOUR COMPLAINT IS AGAINST

Business or Person's Name: (required) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Phone: _____ **Email Address:** _____

INFORMATION ABOUT YOUR COMPLAINT

Describe the product or service your complaint involves: _____

Date of your purchase or lease: _____ **Amount paid:** _____

Describe your complaint, including names, dates, and actions. Attach additional pages if necessary. Do not attach originals (we will not return them.)

Explain a fair resolution to your complaint:

PROCESSING YOUR COMPLAINT

I read and understand the “Consumer Complaint Explanation and Information” section at the top of this page, and I am filing my complaint for:

INFORMAL DISPUTE RESOLUTION.

I understand the Attorney General’s Consumer Protection Division will review my complaint and, if appropriate, send it to the business for a response. I understand this process is voluntary, and the Attorney General cannot force the business to respond or resolve my complaint.

INFORMATIONAL PURPOSES ONLY.

I understand I am not requesting dispute resolution or further action on my complaint. I understand the Attorney General’s Consumer Protection Division may use my complaint, in its discretion, for enforcement or other purposes.

PUBLIC RECORDS ACT NOTICE

Your complaint form and all supporting documents are public records and available upon request to the public and media under Idaho’s Public Records Act. We also share our complaints with other law enforcement agencies. **You are responsible for removing all personal and confidential information from the documents you provide.** This includes Social Security numbers, birthdates, financial account numbers, and driver’s license numbers.

ACKNOWLEDGEMENTS

I understand that the Attorney General is not my private attorney and cannot advocate on my behalf. By typing my name in the box below and submitting this complaint, **I certify the information and allegations in this form are true and correct to the best of my knowledge.**

Your Signature (Required)

Date (Required)

Our Complaint Intake Procedure: In most instances, we will mail you a copy of the correspondence between our office and the business. Given the large number of complaints and requests that we receive, it may be several weeks before you receive communication from us. If you need immediate legal assistance, please contact a private attorney.