

FILL THIS OUT ON YOUR PC
THEN PRINT TWO COPIES.

CONSUMER ASSISTANCE COUNCIL, INC.

The Joseph Beecher Building 149 Main Street Hyannis Massachusetts 02601

508-771-0700

508-771-3011

www.consumercouncil.com

Local Consumer Program Complaint Form

Our Local Consumer Program works in cooperation with the Attorney General's Office.

The Massachusetts Attorney General's Office represents the public interest and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney.

Under many circumstances, your complaint and any related information or documents will be considered a public record and available to any member of the public upon request. However, in response to such a request, we generally will not disclose your name, street address, phone number, or email address. However, some data concerning your complaint may be publicly posted on the AGO website, such as the name of the entity you complained about, the date the complaint was filed, and the town or city where you live. If your complaint relates to an ongoing investigation or falls into a subject area that is protected from public disclosure, we will not provide your complaint in response to a public records request.

The information you have submitted may be released to the entity you are complaining about in order to resolve your complaint.

We may also disclose your complaint and related information to other law enforcement and regulatory agencies.

The AGO does not mediate business to business complaints. Please contact a corporate attorney.

If your complaint is urgent or if you seek an accommodation due to a disability, please call the Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337.

Your Contact Information:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Ext: _____

Email: _____

Check Here if you are
over 60 (Optional)

Veteran of U.S. Military Service OR
Active Duty U.S. Military (Optional)

Note: You are not required to provide this information to file a
complaint, but having it may help us serve you more effectively.

I am seeking assistance for myself.

I am seeking assistance for a family member.

I am seeking assistance for my client.

I am seeking assistance as a business.

I am seeking assistance for someone not listed above.

I am letting the AGO know about this business or trade practice.

Business or Organization that is the subject of this complaint:

Business Name: _____

Was this an online transaction?

Yes

No

(note: if yes, please enter website address in Business Address if known)

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Extension (optional): _____

Please list the type of business below. Be as specific as possible:

Information on your complaint:

Include a full description of your complaint, including relevant dates and names.

DO NOT include your social security numbers, credit card numbers, or other private information.

If you made a payment, please indicate method of payment (optional):

- Cash Check Credit Card Debit Card Other

Desired Outcome or Resolution

- I want the AGO to know about this issue, but do NOT need a response. I need the AGO's help in mediating or resolving my complaint.
 I need information to help me resolve the issue on my own. I need help finding my own lawyer.
 This is an update to a previous complaint.

Select all actions you have taken to address this issue (if any).

- I complained directly to the business or entity. I previously contacted the Attorney General's Office.
 I contacted another government agency, community organization, or consumer program.
 I filed a police report. I filed a case in court.
 I hired a public insurance adjuster to represent me. I hired a lawyer or attorney to represent me.

Do not send any documents other than this complaint form until someone from our office contacts you.

Read the Following Before Signing Below:

By entering my name below, I certify that

- The information I have provided is true and correct to the best of my knowledge;
- I authorize the AGO to discuss my complaint with the entity I am complaining about, and
- I understand that my submission, under many circumstances, will become part of the public record.

Signed: _____ **Date:** _____