



GEORGIA GOVERNOR'S OFFICE OF CONSUMER AFFAIRS

2 MARTIN LUTHER KING, JR. DRIVE SE, SUITE 356

ATLANTA, GEORGIA 30334-4600

PHONE: 404-651-8600 (ATLANTA)

TOLL-FREE IN GA OUTSIDE METRO ATLANTA: 800-869-1123

FAX: 404-651-9018

CONSUMER COMPLAINT FORM

The Governor's Office of Consumer Affairs has the authority to investigate business or trade practices and take legal action on behalf of the State of Georgia, in order to stop false, misleading, deceptive or unfair business acts and practices.

We request that you first work with the company or individual you are reporting in an effort to resolve your dispute before filing a complaint. If this proves unsuccessful, we invite you to submit this form to the address above. Please be sure to enclose **copies** of important papers concerning the matter, such as contracts, invoices, proof of payment, and correspondence to and from the business. Do not send original documents.

By submitting this form, you are acknowledging that:

- This form, its attachments and all subsequent correspondence may in our discretion be sent to the business or person identified in the complaint in an effort to resolve the dispute.
- This complaint form and all items or documents you send us are public records and subject to Georgia's Open Records Act. This law requires nearly all public records (with the exception of your personal identifying information) to be available for inspection to anyone upon request after the closure of your complaint.

Should you wish to submit information to this office anonymously, you should not provide any identifying information such as your name, address or telephone number.

- This office is prohibited by law from providing legal advice to private parties and cannot act as your private attorney. To preserve any legal rights you have, you may also wish to contact a private attorney.
- This office represents the public by enforcing laws prohibiting fraudulent or deceptive trade practices. Furthermore, the Governor's Office of Consumer Affairs does not represent private citizens seeking the return of their money or other personal remedies. You also understand that the filing of this complaint notifies the office of activities of a company and this information may be used to establish violations of Georgia law.
- The information provided on this form is true and correct to the best of your knowledge.

PRINT NAME

SIGNATURE

DATE

Please check this box if you were 60 or older when the dispute occurred. Georgia law provides that companies engaging in unfair and deceptive activities against people 60 or older are subject to additional penalties.

CONSUMER'S CONTACT INFORMATION:

Mr./ Ms. First Name: Middle: Last Name:

Mailing Address:

City: State: 9-Digit ZIP Code:

Home Phone: () - E-mail:

Business Phone: () - Fax: () -

We can accept complaints from third parties on behalf of consumers only in limited circumstances. If you are filing on behalf of another person, please give your contact information.

Mr./ Ms. First Name: Middle: Last Name:

Mailing Address:

Phone: () - E-mail:

Relationship to Consumer:

INFORMATION ABOUT THE BUSINESS:

Name:

Address:

City: State: 9-Digit ZIP Code:

Phone: () - Web Address:

Dates you complained to the business:

Name(s) and title(s) of individuals at business with whom you dealt:
