

Consumer Complaint Form

Douglas County District Attorney

111 E. 11th St., Unit 100
Lawrence, KS 66044
DAconsumer@dgcoks.gov



Party Complaining

Name

Street Address

City

County

State

Zip

Date of Birth

Primary Phone

Secondary Phone

Email Address

Best Time to Contact

I am a (select best answer)

Individual

Corporation

Family Partnership

Partnership

Sole Proprietor

Other

Complaint Against

Business/Individual

Street Address

City

County

State

Zip

Name and Title of All Persons You Dealt With

Sales Person

Contact Person

Other

Transaction Details

Date of Purchase or Transaction

Did you sign a contract?

Yes

No

Date Signed (if applicable)

Product or Service Involved

If product was a vehicle, please print the VIN (number)

Amount Paid	Paid By	Cash	Check	Credit Card
Loan	Installment	Other		

Provide the name, address and phone number of the finance company if your purchase was financed, and the manufacturer, if your complaint concerns product defects or repairs.

First contact between you and individual/business (Check one):

- | | |
|---|------------------------------|
| I received information in the mail | Internet |
| I went to business/individual's place of business | There was no transaction |
| I received telephone call from business/ individual | I responded to a radio/TV ad |
| I responded to a printed advertisement | Person came to my home |
| I telephoned the business/individual | Other (Please explain) |

Have you consulted or retained an attorney regarding this complaint? Yes No

If so, please state the name, address, and phone number of your attorney:

Have you contacted the business/individual about your complaint? Yes No
Have your filed this complaint with any other agency or organization? Yes No
If yes, list name of agency and status of complaint

Do you have a mail order complaint? Yes No

What assistance are you seeking? Choose one:

Refund Produce Delivery Service Performed Other

If other

Is there a warranty involved? Yes No

If a contract has been signed, a warranty given or any promise or representation made concerning the quality of the goods or services, enclose a copy. If the statements or promises were not in writing, describe them in the following question.

Please describe the transaction in chronological order (Attach additional pages if necessary). Include dates, places, ho, and how became involved. Give names and a physical description of people you dealt with and names and addresses of any witnesses who can verify your statements. State specifically how you were deceived, misled or cheated.

Verification

In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys but instead represent Douglas County in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas Law limits the period during which I may file any private legal actions(s), and I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regard to any private actions(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is directed against or to other appropriate agencies. Finally, I verify that the information contained in the above complaint is true and accurate to the best of my knowledge.

Signature

Full Printed Name

Return this form with copies of your papers to:

Douglas County District Attorney Office

c/o Consumer Protection Unit

111 East 11th Street

Lawrence, Kansas 66044