

Nebraska Department of Justice

Office of the Attorney General Consumer Complaint Form

Return To:

Consumer Protection Division

2115 State Capitol Building Lincoln, NE 68509 (402) 471-2682 (800) 727-6432 - Nebraska Only (402) 471-0006 - FAX http://www.ago.ne.gov **Doug Peterson** Attorney General

Complaint Reported By

Complaint Reported Against

Your Name	Name of Business or Person
Your Address	Business Address
City, State, ZIP Code County	City, State, ZIP Code
Phone Number	Oity, Otato, Zii Gode
E-Mail Address	Phone Number
Preferred Method of Communication:E-Mail Regular Mail	Business Website/E-mail Address
Have you contacted the business/person about your complaint?YesNo	Name and Title of Individual with Whom You Dealt
Age: 19 and Under20-2930-3940-4950-5960-6970+	
Military (If Applicable): Active DutyVeteran	Amount Paid/Disputed
Have you contacted an attorney about your complaint? YesNo	Date of Purchase
Nould you like to receive consumer alerts and nformation from the Attorney General's Office?	Method of Payment

Enclose <u>photocopies</u> of any documents that may relate to your complaint (contracts, advertisements, correspondence, canceled checks or other proof of payment.)

	DO NOT SEND ORIGINALS
FOR OFFICE USE ONLY	DO NOT SEND ORIGINALS
Date Opened:	
Bus ID	(Over, Please)

FOR OFFICE USE ONLY	
Date Closed:	
Closing ID Box #	

Describe the facts which led to the complaint and be sure to include, if possible, the exact dates of important events. Use additional sheets of paper if necessary.		
RESOLUTION REQUESTED:		
the Nebraska General's Office to send this interested parties and to use the information	n given in any manner which is determined General's Office is not my private attorney but	
SIGNATURE	DATE	