



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

<p>_____ Your Name</p> <p>_____ Your Address</p> <p>_____ City, State, ZIP Code County</p> <p>_____ Phone Number</p> <p>_____ E-Mail Address</p> <p>Preferred Method of Communication: <input type="checkbox"/> E-Mail <input type="checkbox"/> Regular Mail</p> <p>Have you contacted the business/person about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Age: <input type="checkbox"/> 19 and Under <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+</p> <p>Military (If Applicable): <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran</p> <p>Have you contacted an attorney about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to receive consumer alerts and information from the Attorney General's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____ Name of Business or Person</p> <p>_____ Business Address</p> <p>_____ City, State, ZIP Code</p> <p>_____ Phone Number</p> <p>_____ Business Website/E-mail Address</p> <p>_____ Name and Title of Individual with Whom You Dealt</p> <p>_____ Amount Paid/Disputed</p> <p>_____ Date of Purchase</p> <p>_____ Method of Payment</p>
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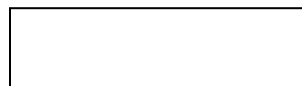
Enclose photocopies of any documents that may relate to your complaint (contracts, advertisements, correspondence, canceled checks or other proof of payment.)

DO NOT SEND ORIGINALS

FOR OFFICE USE ONLY

Date Opened: _____

Bus ID _____



(Over, Please)

FOR OFFICE USE ONLY

Date Closed: _____

Closing ID _____ Box # _____

