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**

---

Your Name ____________________________________________

Your Address __________________________________________

City, State, ZIP Code __________________________ County

Phone Number __________________________________________

E-Mail Address __________________________________________

Preferred Method of Communication:

___E-Mail ___ Regular Mail

Have you contacted the business/person about your complaint? ___Yes ___No

Age: ___19 and Under ___20-29 ___30-39 ___40-49 ___50-59

___60-69 ___70+

Military (If Applicable): ___Active Duty ___Veteran

---

Have you contacted an attorney about your complaint?

___Yes ___No

Would you like to receive consumer alerts and information from the Attorney General’s Office?

___Yes ___No

---

**Complaint Reported Against**

---

Name of Business or Person __________________________________________

Business Address __________________________________________

City, State, ZIP Code __________________________________________

Phone Number __________________________________________

Business Website/E-mail Address __________________________________________

Name and Title of Individual with Whom You Dealt __________________________________________

Amount Paid/Disputed __________________________________________

Date of Purchase __________________________________________

Method of Payment __________________________________________

---

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_______________________

FOR OFFICE USE ONLY

Date Closed: _______________

Closing ID _____ Box # __________

(Over, Please)
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 information given above is true to the best of my knowledge and belief. I authorize the Nebraska General’s Office to send this complaint form to the company or to the interested parties and to use the information given in any manner which is determined necessary. I understand that the Attorney General’s Office is not my private attorney but represents the public by enforcing laws designed to protect consumers from misleading or unlawful practices.

SIGNATURE ___________________ DATE ___________________