



Salt Lake City

Consumer Protection

Consumer Complaint Form

Send to:
Salt Lake City Consumer Protection
451 South State St, RM 145
PO Box 145458
Salt Lake City, UT 84114-6704
(801) 535-6526 | (801) 535-7779 fax
SLC.gov/ConsumerProtection

If you believe you have been the target of an unfair or unethical business practice, and that business is located in Salt Lake City, we want to know. We may offer assistance in navigating your complaint with the business; however, you should not rely solely on the filing of this complaint to resolve your problem. You may need to consult an attorney to determine what remedies may be available to you and any statute of limitations that may apply to your case.

Section 1: Your Information (Optional):

You do not have to give your information. If you do not SLCCP cannot help you, but your report may still be investigated by SLCCP and corrective action may still be taken against the business.

Last Name		First Name	MI
Mailing Address			
City		State	Zip Code
Day Time Phone	Home Phone		Fax Number
Email Address		Cell Phone	

Section 2: Information About the Company You Are Complaining Against

Full Name of Company		Alternate Company Name or DBA
Mailing Address		
City		State Zip Code
Company's Internet Address (URL)		
Telephone Number	Fax Number	Email Address

Section 3: Complaint Information

Product, Item, or Service Involved		Date of Purchase, Service, Contract
Manufacturer or Brand		Model
Account Number		Serial Number
Did You Sign a Contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Start Date	Total Amount Paid to Date
Amount Company Claims Still Owing, if Any	Amount in Dispute	How was Payment Made? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Finance Agreement <input type="checkbox"/> Other _____

Section 4: Information about Transaction

How was initial contact made between you and the business? <input type="checkbox"/> Person came to my home <input type="checkbox"/> I went to the company's place of business <input type="checkbox"/> I received a telephone call from the business <input type="checkbox"/> I telephoned the business <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I responded to a radio/TV ad <input type="checkbox"/> I responded to printed advertisement <input type="checkbox"/> I responded to website or email solicitation <input type="checkbox"/> I attended a trade show or convention <input type="checkbox"/> Other _____	Where did the transaction take place? <input type="checkbox"/> At my home <input type="checkbox"/> At company's place of business <input type="checkbox"/> By mail <input type="checkbox"/> Over the phone <input type="checkbox"/> Via computer (website or email) <input type="checkbox"/> Trade show or hotel <input type="checkbox"/> Other _____
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Section 5: Details of Complaint (Please describe your complaint below, or attach a description of your complaint. Please type if possible.)

☐ My complaint is described in an attached document.

If your complaint will not fit in the box below, please attach it in a separate document.

Section 6: Resolution Attempts You Have Made

Have You Contacted the Company with Your Complaint? Yes ☐ No ☐

If yes, Name the Person Most Recently Contacted

Person's Phone Number

Result of Contact with Company

What Result Would You Consider Fair?

Do You Have an Attorney in this Case?
YES ☐ NO ☐

If Yes, Name of Your Attorney

Attorney's Number

Has Your Issue Been Heard or is it Scheduled to be Heard in Court? Yes ☐ No ☐ If Yes, When and Where?

If Already Heard, What was the Result?

Section 7: Important Information

PLEASE ATTACH COPIES OF ANY DOCUMENTS RELATED TO YOUR COMPLAINT

☐ Contracts ☐ Letters ☐ Emails ☐ Invoices ☐ Receipts ☐ Bids ☐ Estimates/Proposals
☐ Bank/credit card statements showing charges ☐ Agreements ☐ Mailers/flyers

DO NOT SEND ORIGINALS. Materials submitted with your complaint will NOT be returned to you.

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this complaint, I understand that Salt Lake City Consumer Protection is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful practices. I further understand that if I have any questions concerning my legal rights or responsibilities, SLCCP cannot give me legal advice and I should contact a private attorney. I understand that this complaint and any materials I provide to SLCCP that are records under the Utah Government Records Access and Management Act are governed by the Act. I hereby give my consent to the disclosure of the complaint and materials for purposes related to an investigation by SLCCP. The above complaint is true and accurate to the best of my knowledge and belief.

I understand that my cooperation with the investigation is necessary, and that SLCCP may close its investigation without sufficient cooperation.

I certify that I am filing this complaint on my own behalf or that my authorized representative is filing the complaint on my behalf. NO YES

SIGNATURE: _____ **DATE:** _____