



# Salt Lake City

Consumer Protection

Send to:  
Utah State Office of Consumer Protection  
1150 East 1000 South, UTAF11  
Salt Lake City, UT 84114-6704  
(801) 468-1111 | (801) 468-1111 fax  
Utah.gov/ConsumerProtection

## Consumer Complaint Form

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)

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 [ ] No [ ]	Contract Start Date	Total Amount Paid to Date
Amount Company Claims Still Owing, if Any	Amount in Dispute	How was Payment Made? [ ] Cash [ ] Check [ ] Credit Card [ ] Debit Card [ ] Money Order [ ] Wire Transfer [ ] Finance Agreement [ ] 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 <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name the Person Most Recently Contacted	Person's Phone Number
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Result of Contact with Company

What Result Would You Consider Fair?

Do You Have an Attorney in this Case? YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Name of Your Attorney	Attorney's Number
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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:** \_\_\_\_\_