

DEPARTMENT OF JUSTICE
Office of Consumer Protection
PO BOX 200151
Helena, MT 59620-0151
Phone: 406-444-4500 or 800-481-6896
ContactOCP@mt.gov

Consumer Complaint Form

To submit your complaint:

1. Fill out this form as completely as possible, sign it and mail the **signed original** (not a copy) to the Office of Consumer Protection. Keep a copy for your own records.
2. Enclose photocopies of all documents relevant to your complaint, such as receipts, warranties, both sides of cancelled checks, contracts, etc. In this case, **do not send originals**.

Please print or type.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Business: _____

Party Complained of: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Manager or Salesperson: _____

Product or Service Involved: _____

Model No.: _____ Serial or VIN #: _____

Purchase Price of Product: \$ _____ Approximate Cost of Repair or Replacement: \$ _____

Date of Transaction: _____

If your complaint relates to false advertising or deceptive trade practices, indicate when and where the product or service was advertised. (If possible, attach a copy of the advertisement.)

Was a contract signed? Yes () – please attach a copy. No ()

Was a warranty issued? Yes () – please attach a copy. No ()

Financial Institution Involved, if any: _____

Referred by: (Name and address of private attorney or legal aid group, etc.)

(COMPLETE PAGE 2)

Please answer the following questions. The following voluntary information will help us determine whom we serve. This data will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60
2. Are you disabled? Yes () No ()
3. If you are a minority member, designate which: _____