## CONSUMER COMPLAINT FORM

**HECTOR BALDERAS**ATTORNEY GENERAL



#### CONSUMER PROTECTION DIVISION

P.O. DRAWER 1508, SANTA FE, NM 87504-1508 PHONE: 1-866-627-3249 or 505-827-6060

## **INSTRUCTIONS FOR FILING A CONSUMER COMPLAINT**

Thank you for contacting the Office of the Attorney General regarding your consumer complaint. Before submitting your complaint, our Division recommends you attempt to remedy or resolve the conflict with the business directly. Contact the manager or supervisor of the business with a clear plan of how the business can resolve the conflict. If the manager or supervisor does not accept your proposal, ask him/her what can be done to resolve your complaint. If you are unable to come to a resolution, please complete this form as fully as possible.

### **LIST OF COMPLAINTS ACCEPTED**

Before you fill out the attached complaint form, please refer to the list below to determine if your complaint falls under the jurisdiction and authority of the Consumer Protection Division of the New Mexico Office of Attorney General:

Auto Sales - New or Used Automobiles
Mobile Home Sales
Extension of Credit - Payday & Car Title Loans
Home Building & Home Improvement/Repairs
Sale of Warranties

Auto Repairs
Disputes with Collection Agencies
Installment Collections
Retail Sales

**Games and Contests** 

\*Please note that the Consumer Protection Division does NOT handle complaints regarding criminal issues, child support, divorce, or other domestic relation matters.

### TYPE OR PRINT NEATLY AND, SUBMIT COPIES OF ANY RELATED DOCUMENTS

I am filling out this complaint to notify the Office of Attorney General Consumer Protection Division of a dispute with the company below and to request assistance in resolving this matter. I understand that the Division cannot serve as a private attorney for individuals and that any legal action taken by the Division would be on behalf of the public and not to represent my personal interests.

YOUR NAME 🗆 Mr. 🗆 Mrs. 🗆 Ms.:					
ADDRESS:					
CITY:	STATE:	ZIP CODI	E:	_COUNTRY:_	
HOME PHONE:	WORK/CELL PHONE	E:			
EMAIL ADDRESS:					
BUSINESS/PERSON(S) YOUR COM	MPLAINT IS AGAINST:				
ADDRESS:					
CITY:		STATE:	ZIP C	ODE:	
PHONE:					

# Please fill in this section completely WAS A CONTRACT SIGNED? □ YES □ NO (IF YES, Please attach a **COPY** of your contract). WHERE WAS CONTRACT SIGNED? □ IN YOUR HOME □ AT THE BUSINESS □ OTHER: DATE(S) OF TRANSACTION: PRODUCT OR SERVICE INVOLVED: TOTAL PRICE: \_\_\_\_AMOUNT PAID: \_\_\_\_ WAS PRODUCT/SERVICE ADVERTISED? ☐ YES ☐ NO HOW WAS SERVICE ADVERTISED? □NEWSPAPER □TV □RADIO □MAIL □PHONE □EMAIL□ INTERNET (If possible, please provide a COPY of the advertisement) TELL US WHAT YOU HAVE DONE TO TRY AND RESOLVE THIS ISSUE WITH THE BUSINESS/PERSON: WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? WHAT ACTION WAS TAKEN? HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO HAVE YOU FILED A LAWSUIT? □ YES □ NO Please give us as detailed explanation of your complaint and fully explain the business's failure to remedy your issue. (Attach additional sheets if necessary)

VHAT ACTION WILL RESOLVE YOUR COMPLAINT?
lease fill out this section if your complaint involves a motor vehicle
NEW 🗆 USED
DATE OF PURCHASE:VEHICLE IDENTIFICATION NUMBER:
MAKE OF VEHICLE:MODEL:
MODEL YEAR:STATE OF REGISTRATION:MILEAGE:
F YOUR COMPLAINT INVOLVES VEHICLE REPAIRS, HOW MANY TIMES HAS IT BEEN REPAIRED FOR
THE SAME PROBLEM?
JAME OF REPAIR SHOP:
affirm that the information above is true to the best of my knowledge and belief. I understand that a copy of this omplaint may be sent to the person or business against whom I am filing this complaint. I understand that if I have nowingly filed false or misleading information, this complaint will be closed by the Attorney General's Office. I further nderstand that my complaint is a public record and is subject to inspection by members of the public.
IGNATURE:DATE:

If you are an individual with a disability who needs a reader, amplifier, sign language interpreter, or any other form of auxiliary aid or service to complete this form, please contact the Consumer Protection Division.