



# Nebraska Department of Justice

## Office of the Attorney General

### Consumer Complaint Form

#### Return To:

#### Consumer Protection Division

2115 State Capitol Building

Lincoln, Nebraska 68509

(402) 471-2682

(800) 727-6432 (Nebraska Only)

(402) 471-0006 (FAX)

[www.ago.ne.gov](http://www.ago.ne.gov)

**Jon Bruning**  
Attorney General

#### Complaint Reported By

#### Complaint Reported Against

<p>_____ Your Name</p> <p>_____ Your Address</p> <p>_____ City, State, ZIP Code</p> <p>_____ County</p> <p>_____ Day Phone Number                      Home Phone Number</p> <p>_____ E-Mail address</p> <p>Age: ____ 18-30 ____ 31-45 ____ 46-65 ____ Over 65</p> <p>Have you contacted the business/person about your complaint? ____ Yes ____ No</p> <p>Have you contacted an Attorney about your complaint? ____ Yes ____ No</p> <p>Please check if you are interested in receiving consumer alerts and information from the Attorney General's office ____ YES                      ____ NO</p>	<p>_____ Name of Business or Person</p> <p>_____ Business Address</p> <p>_____ City, State, ZIP Code</p> <p>_____ Phone Number</p> <p>_____ Business Web site/E-Mail Address</p> <p>_____ Name and Title of Individual with Whom You Dealt</p> <p>_____ Amount Paid/Disputed</p> <p>_____ Date of Purchase and Method of Payment</p>
--	--

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 \_\_\_\_\_

Prob. ID \_\_\_\_\_



(Over, please)

FOR OFFICE USE ONLY

Date Closed: \_\_\_\_\_

Closing ID \_\_\_\_\_ Box # \_\_\_\_\_

