

CONSUMER DISPUTE FORM

Public Protection Division Consumer Protection Section

Liz Murrill
Attorney General
Louisiana Department of Justice
Consumer Protection Section
P.O. Box 94005
Baton Rouge, LA 70804-9005
Phone: (800) 351-4889
Fax: (225) 326-6499

CASE ID:
FOR OFFICE USE ONLY

* = REQUIRED

Please print or type. Your form must be legible.

Do not include personal or sensitive information such as health or medical history, date of birth, or driver license, social security, financial account or credit/debit card numbers on this form.

Is this related to a storm? Yes No
Are you over the age of 65? Yes No
Have you or do you serve in the armed forces? Yes No

_____ *Date _____ *Full Name of Person Filing Form

*Address: _____ *Home Phone: _____

*City: _____ *Work Phone: _____

*State & Zip: _____ *Parish: _____

*Person in Dispute: _____

*Company in Dispute: _____

*Address: _____ *Phone: _____

*City, State & Zip: _____ Parish/County: _____

Name of Salesperson (if known): _____

Date of Transaction: _____

Description of product or service about which you are disputing. Include brand name, model number and serial number, if possible:

Name of manufacturer (if known): _____

Representative of manufacturer contacted (if any). Please include the address and phone number.

PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read, and that you understand and agree to the following statements and conditions:

I believe that the company I named in this dispute has committed unfair and deceptive business practices.

Depending on the nature of my dispute, the Attorney General's Office **may forward a copy** of this form in its entirety, including any documents I provide **to the company complained about** and ask for a response or may refer the dispute to another agency.

The Attorney General's Office may keep a record of this form and any documents I provide and may provide copies of them to other private and public agencies. I authorize the Attorney General's Office to give copies of the form and any documents I provide and any information in them to anyone deemed necessary by the Attorney General's Office.

If I have a complaint about criminal conduct, such as fraud, the Attorney General's Office recommends that I contact local law enforcement agencies, which have jurisdiction over criminal activity.

The information that I provide may be used to help the Attorney General's Office detect patterns of unfair and deceptive trade practices, which may lead to investigations on behalf of the public to eliminate such practices. However, the Attorney General's Office cannot act as my lawyer, a court of law, or legal advisor. The Attorney General's Office is not my personal legal representative and does not conduct litigation on behalf of individuals in matters involving private controversies. The Attorney General's Office recommends that I consult a private attorney. I may lose my right to sue about this matter entirely if I wait too long to do so. Any action by the Attorney General's Office may not result in a refund or other relief for me personally. I am, however, filing this dispute to notify the Attorney General's Office of the activities of the named party and to seek any assistance the Attorney General's Office may be able to render.

The information given is true to the best of my knowledge and belief.

I understand and agree to all above statements and conditions.

Signature: _____

Date: _____