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CONSUMER COMPLAINT FORM

- BEFORE FILLING OUT THIS FORM, MAKE AN ATTEMPT TO RESOLVE THIS MATTER WITH THE BUSINESS OR MERCHANT.**
- After you completely fill out the form, make a copy for yourself and return this original to the Consumer Advocate. Also, please enclose one **copy** of all relevant documents. **DO NOT** send originals. If you do not want your name or address revealed, we will not accept your complaint, and this form will be used for information purposes only. Please note that after the respondent business is sent notice of this complaint, the complaint form is open to public record, and must by law be given to any one who asks.

PLEASE WRITE CLEARLY.

CC# _____

Complaint Category: _____

Your Name:	Name of Business You Are Complaining Against:
Mailing Address:	Mailing Address:
Home Phone:	Phone:
Work Phone:	Name and Title of Person You Dealt With:

1. **FIRST** contact between you and the business:

- Someone came to my house.
- I went to the company's place of business.
- I received a telephone call/fax/e-mail from the business.
- I telephoned the business.
- I received the information in the mail.
- I responded to a radio/TV ad/e-mail.
- I responded to a printed ad in the newspaper. Name:
- Other:

2. Where did the transaction take place?

- At my home.
- At my workplace.
- Over the phone.
- At the respondent's business
- By mail.
- Other:

3. Date(s) of transactions:

1. _____ 3. _____
2. _____ 4. _____

4. Did you sign a contract? (Enclose a copy.)

- Yes No

5. a. Amount of payment(s) made: \$

- _____
- Deposit Payment in full

b. How did you pay?

- Cash Credit Card
- Loan Layaway
- Check or Money Order No.:

c. If you paid by check, has the check been cashed yet?

Yes **No**

d. If you paid with a credit card, have you contacted the credit card company to request a credit to your account?

Yes **No**

6. a. Have you complained to the business?

Yes **No**

b. If yes, what was the business' response?

7. a. Have you filed a complaint with another government agency concerning this matter?

Yes **No**

b. If yes, which agency?

c. If yes, what action has this agency taken?

8. a. **Have you talked to a private lawyer about your case?**
 Yes **No**

b. **What private legal action, if any, have you taken?**

9. Please **DESCRIBE YOUR COMPLAINT IN DETAIL** (attach extra sheets if necessary). Include dates, times, locations, and names of individuals who were witnesses or parties.

11. If you do not want a copy of this complaint sent to the business, please check here. If you check here, we cannot intervene in your complaint and will use this form for information only.

THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE