



CONSUMER COMPLAINT
Office of the Indiana Attorney General
(R4 / 11-16)

INSTRUCTIONS: To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Section 1: Your Information			
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Street Address	
Full Name or Organization/Agency		City	State Zip Code
If an Organization/Agency provide a Primary Contact Name		County	Daytime Phone
Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+		Email Address	
		May we contact you by email? If yes, we will not contact you by regular mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you or your spouse active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Who is the Complaint Against?			
Individual/Business		Name of Individual/Representative you dealt with	
Street Address		City	State Zip Code
County	Daytime Phone	Email Address	

Section 3: Transaction/Incident Details	
3-A: Date of Transaction/Incident	3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church
3-C: Where did the Transaction/Incident occur? (check box where applicable)	
<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/Email
<input type="checkbox"/> At the location of the business	<input type="checkbox"/> By Telephone
<input type="checkbox"/> Away from the location of the business (work, convention, etc.)	<input type="checkbox"/> By Social Media
<input type="checkbox"/> By Mail	<input type="checkbox"/> Other _____
3-D: What was the very first contact between you and the Individual/Business?	
<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail
<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business
<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business
<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the internet
3-E: How did you Pay?	
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-Pay
<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Other _____
3-F: What, if any, is the Dollar amount associated with your loss?	\$ _____

Section 4 Actions Taken by Consumer	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-B: Have you hired a private attorney?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-C: Have you started a court action? If yes, please attach a copy of all court papers.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

Section 4 Actions Taken by Consumer - *continued*

- Yes No 4-E: Have you complained to the Individual/Business?
 Yes No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident.

Section 6 How would you like your Complaint resolved?

Section 7 WHAT HAPPENS NEXT?

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of the Indiana Attorney General
 Consumer Protection Division
 Government Center South, 5th Floor
 302 W. Washington Street
 Indianapolis, IN 46204
 .317-232-6330 (phone) • .317-233-4393 (fax)
 www.IndianaConsumer.com

Section 9 Consent and Verification

- Do you consent to disclosing the following information to the public? →
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The nature of the complaint and the individual/business name |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your name |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Your phone number |

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

 Your signature

 Date

How the Process Works

A consumer complaint can be filed with the Indiana Professional Licensing Agency or directly to its ultimate home, the Indiana Attorney General. Either way, the first step for any complaint is a review by the Attorney General. If evidence is found to suggest the complaint has merit, the Attorney General then brings it to the appropriate board or commission, seeking action against the license holder. (This step is much like a prosecutor who believes he has a case to take to court; in this situation, the Attorney General 'tries the case' before the respective board or commission, which acts like a judge). It is the Attorney General, then, who decides to seek disciplinary action. Once the Attorney General pursues the case it is the board or commission that holds a hearing and determines the outcome, including disciplinary actions.

The complaint names the State of Indiana as the petitioner and the attorney general, through a deputy attorney general, represents the state. The complaint describes the alleged conduct the professional, referred to as the respondent, has engaged in and the standards of practice the professional has allegedly violated unless it is a complaint for a summary suspension. Complaints for summary suspension often include only a general statement of facts alleging that a professional represents a clear and immediate danger to the public health and safety if the professional is allowed to continue to practice.

Disciplinary hearings are held before the board or an administrative law judge appointed by the board. A case may be resolved through a settlement agreement, in which case there will be no evidentiary hearing. After a hearing, the board will deliberate and make its findings of fact and conclusions of law, and then the board decides the appropriate disciplinary sanction, if any, to impose on the professional's license. The possible sanctions are: revocation, suspension, probation, censure, reprimand, or a combination of these. The boards also have the authority to impose a fine in an amount not to exceed \$1,000 for each violation of law, except for a finding of incompetence due to a physical or mental disability.

Indiana Consumer Complaint Process

