



## Consumer Complaint

Commerce & Insurance  
Division of Consumer Affairs  
500 James Robertson Parkway  
Nashville, TN 37243-0600  
(615) 532-4994 Fax

Received in office:

For official use only:

subject code: \_\_\_\_\_

assigned to: \_\_\_\_\_

File # : \_\_\_\_\_

### Section I: How Do We Reach You? Your Contact Information

*Please Print Clearly or Type. All fields marked with an asterisk (\*) are required. Provide as much information as possible.*

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*(Tennessee Residents only) County: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Best Contact Time: \_\_\_\_\_

### Section II: Who is Your Complaint Against? Business Contact Information

\*Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website address: \_\_\_\_\_

Type of Product or Service: \_\_\_\_\_

### Section III: What Happened? Details of Incident

\*Amount involved: \$ \_\_\_\_\_ How did you pay? \_\_\_\_\_ \*Date of transaction: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Have you contacted the business about this complaint? \_\_\_\_\_ If YES, to whom and when: \_\_\_\_\_

\*What are you asking the business to do? \_\_\_\_\_

\*What did the business do? \_\_\_\_\_

List all agencies you have contacted about this complaint: \_\_\_\_\_

\*Have you or the business filed a lawsuit regarding this complaint?  YES  NO

Was this product or service advertised? \_\_\_\_\_ If YES, when and where? \_\_\_\_\_  
(Please send a copy of the advertisement, if it is available.)

