



Consumer Complaint

Commerce & Insurance
Division of Consumer Affairs
500 James Robertson Parkway, Fifth Floor
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.)

