

# CONSUMER COMPLAINT FORM

Toll Free in Wyo. (800) 438-5799

Wyoming  
Attorney  
General's  
Office

Cheyenne Area(307) 777-7874  
Consumer Protection Unit  
Facsimile (307) 777-7956

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*cpetrie@state.wy.us*  
Cheyenne, WY 82002

|                          |   |
|--------------------------|---|
| Consumer's Name: _____   | Person / Business Complained Against: _____ |
| Address: _____           | Address: _____                              |
| City, State & ZIP: _____ | City, State & ZIP: _____                    |
| Telephone: _____         | Telephone: _____                            |

Date of transaction: \_\_\_\_\_ Name of person with whom you  
dealt: \_\_\_\_\_

Product or service  
involved: \_\_\_\_\_  
\_\_\_\_\_

Amount of money paid: \$ \_\_\_\_\_ (cash, check, credit card (circle one) Amount owed:  
\$ \_\_\_\_\_

Did you sign a written agreement? \_\_\_\_\_ Did you receive a contract or receipt? \_\_\_\_\_  
(attach copies if available)

Have you tried to resolve this with company? \_\_\_\_\_ If so, name of  
person(s): \_\_\_\_\_

Have you contacted a private attorney for assistance? \_\_\_\_\_  
Name: \_\_\_\_\_

What do you believe would be a fair solution for all parties?  
\_\_\_\_\_  
\_\_\_\_\_

**Summary of transaction: (This section MUST be completed. Further explanation may be  
attached if needed.)**



## **CONSUMER COMPLAINT FORM.**

- 4.) SEND TWO COPIES OF ALL OTHER DOCUMENTS.  
*DO NOT SEND ORIGINALS.***
  
- 5.) STAPLE COPIES OF THE DOCUMENTS TO THE  
CONSUMER COMPLAINT FORMS.**
  
- 6.) KEEP A COMPLETE SET OF ALL DOCUMENTS  
FOR YOUR OWN FILES.**

Not all complaints can be resolved by this office but your complaint will be reviewed and a response will be provided. The resolution of a complaint is a shared responsibility that requires time, patience and flexibility.

In order to assist the Office of Consumer Affairs in resolving your complaint as quickly as possible, please follow these guidelines.

*Thank you.*