



Office of the District Attorney
18th Judicial District of Kansas
535 N Main, Wichita, Kansas 67203
(316)660-3669 or consumer@sedgwick.gov

CONSUMER COMPLAINT FORM

MUST BE FILLED OUT IN FULL WITH SUPPORTING DOCUMENTATION ATTACHED

INFORMATION ABOUT (YOU) CONSUMER

Full Name:
Street Address:
City, State, Zip:
Phone:
Email:

Choose all that apply:

- I am a(n): Individual Business
 Over 60 Verteran (or family)
 Disabled person

COMPANY YOUR COMPLAINT IS AGAINST

Company Name:
Street Address:
City, State, Zip:
Phone:
Contact Person(s):

**TYPE OF COMPANY:
CHOOSE ALL THAT APPLY**

- Automobile: Sales Advertising Repair
 New Used Lease
Construction: Roofing Concrete Electric
 Plumbing Landscape HVAC
 Collections/Credit Reporting Goods
 Door to Door Sales Services
 Billing Utilities
Other:

INFORMATION ABOUT THE TRANSCATION

Location:
Amount Paid: \$
 Cash Credit Check Loan
Date of Transaction:
Goods/Service Bought:
Did you sign a contract? Yes No

Have you contacted the company? Yes No

What outcome are you seeking?

- Refund \$ Delivery Service Other:

HAVE YOU?

Contacted another agency? Which agency?	<input type="text"/>	Retained an attorney? Provide name/ address.	<input type="text"/>	Is there pending legal action regarding this matter, (i.e. small claims, civil, or criminal).	<input type="text"/>
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**DESCRIBE THE TRANSACTION SUCCINCTLY IN CHRONOLOGICAL ORDER
(IF YOU HAVE NOT CONTACTED THE COMPANY, EXPLAIN WHY)**

**ARE YOU AWARE OF ANYONE ELSE WHO HAS HAD A SIMILAR EXPERIENCE
WITH THIS COMPANY?**

DOCUMENTATION OF THE TRANSACTION

Please provide copies of **all** documents relevant to this complaint, including advertising material, contracts, warranty information, receipts, letters, checks (front and back), photographs, etc. Failure to provide **all** relevant documents will cause unnecessary delay in the handling of your complaint.

VERIFICATION

In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys, but instead represent Sedgwick County in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas law limits the period of time during which I may file any private legal action(s). I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regards to any private action(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is design directed against or to other appropriate agencies. *I declare and verify that all of the foregoing is true and accurate to the best of my knowledge.*

Your Signature (Required): _____ Date: _____