



Office of the District Attorney
18th Judicial District of Kansas
535 N Main, Wichita, Kansas 67203

CONSUMER COMPLAINT FORM

Please fill in this form completely. Attach copies of all documents to support this claim.

SECTION I:

Full Name

Date of Birth Male Female Social Security Number

Current Address

City State Zip Code

Home Phone Cell Phone

E-mail

Place of Employment Work Phone

Work Address

City State Zip Code

SECTION II:

CHECK THE PRIMARY ISSUE OF YOUR COMPLAINT

<input type="checkbox"/> Auto Purchase or Repair	<input type="checkbox"/> Auto Sale New or Used	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Sweepstakes, lotteries and prize notifications	<input type="checkbox"/> Charity Fraud	<input type="checkbox"/> Health Club/ Spas	<input type="checkbox"/> Leisure /Travel	<input type="checkbox"/> Internet/E-mail Scams	<input type="checkbox"/> Privacy/Identity Theft
<input type="checkbox"/> Employment/Talent Agencies	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Household goods/ Appliances	<input type="checkbox"/> Household goods/ Electronics	<input type="checkbox"/> Household goods/ Furniture	<input type="checkbox"/> Business Opportunities
<input type="checkbox"/> Collections	<input type="checkbox"/> Credit Repair	<input type="checkbox"/> Credit Lending	<input type="checkbox"/> Cable TV/ Telephone/ Cell Phone	<input type="checkbox"/> Telemarketing/ Do not Call Issues	<input type="checkbox"/> Utilities: water/ gas/ electric
<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Moving Company	<input type="checkbox"/> OTHER			

SECTION III:

IDENTIFY THE PERSON OR BUSINESS THAT YOU ARE COMPLAINING ABOUT

Name of company or individual

Address Phone Number

City State Zip Code

Names of people you dealt with

Was a contract signed? Yes No If yes, in what city?

Have you filed a legal action involving this complaint? If yes, please explain below:

Please give the name and address of any private attorney or other agency you have talked to about this complaint.

What do you want us to do about your complaint?

What specific losses do you claim in this matter?

SECTION IV: EXPLAIN FULLY THE CIRCUMSTANCES OF YOUR COMPLAINT

Identify all individuals or companies with information about this claim. Provide their names and contact information and a summary of what they can provide. You must state how you believe you may have been deceived, misled or defrauded. You may use additional sheets of paper to comment. This document and all attachments should be mailed to the OFFICE OF THE DISTRICT ATTORNEY, CONSUMER DIVISION, 535 N Main, WICHITA, KANSAS 67203 Or send by E-Mail to: Consumer@Sedgwick.gov

Type Below

I understand that I am filing a complaint in good faith with the Office of the District Attorney, and that the Office of the District Attorney will have complete discretion to take any action deemed appropriate to the lawful disposition of my case. I further understand that a copy of this complaint may be forwarded to the other party in order for them to respond.

BY FILING THIS COMPLAINT, I UNDERSTAND THAT THE DISTRICT ATTORNEY IS NOT MY PRIVATE ATTORNEY BUT REPRESENTS THE PUBLIC TO ENFORCE THE CONSUMER PROTECTION LAWS.

Print Your Name: _____

Signature: _____ Date: _____

Reviewed by: _____ Disposition _____