



Office of the District Attorney  
 18<sup>th</sup> Judicial District  
 525 N. Main, Ste 235, Wichita, Kansas 67203  
 (316)660-3653 or [consumer@sedgwick.gov](mailto:consumer@sedgwick.gov)

## CONSUMER COMPLAINT FORM

**MUST BE FILLED OUT IN FULL WITH SUPPORTING DOCUMENTATION ATTACHED**

INFORMATION ABOUT (YOU) CONSUMER	COMPANY YOUR COMPLAINT IS AGAINST	
Full name: _____	Company name: _____	
Street address: _____	Street address: _____	
City, State, Zip: _____	City, State, Zip: _____	
Phone: _____	Phone: _____	
Email: _____	Contact Person(s): _____	
Choose all that apply: I am a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Over 60 <input type="checkbox"/> Veteran (or family) <input type="checkbox"/> Disabled person	<b>TYPE OF COMPANY:</b> <b>CHOOSE ALL THAT APPLY</b>	
<b>INFORMATION ABOUT THE TRANSACTION</b>	Automobile: <input type="checkbox"/> Sales <input type="checkbox"/> Advertising <input type="checkbox"/> Repair <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Lease	
Location: _____	Construction: <input type="checkbox"/> Roofing <input type="checkbox"/> Concrete <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscape <input type="checkbox"/> HVAC	
Amount Paid: \$ _____	<input type="checkbox"/> Collections/Credit Reporting <input type="checkbox"/> Goods	
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/> Loan	<input type="checkbox"/> Door to Door Sales <input type="checkbox"/> Services	
Date of Transaction: _____	<input type="checkbox"/> Billing <input type="checkbox"/> Utilities	
Goods/Service Bought: _____	Other: _____	
Did you sign a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you contacted the company: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What outcome are you seeking:		
<input type="checkbox"/> Refund \$ _____ <input type="checkbox"/> Delivery <input type="checkbox"/> Service <input type="checkbox"/> Other _____		
<b>HAVE YOU?</b>		
Contact another agency? Which agency?	Retained an attorney? Provide name/address.	Is there pending legal action regarding this matter, (i.e. small claims, civil, or criminal).

**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 SIMILARY 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 the foregoing is true and accurate to the best of my knowledge.*

Your Signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_