



Office of the District Attorney
18th Judicial District
525 N. Main, Ste 235, Wichita, Kansas 67203
(316)660-3653 or 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): ☐ Individual ☐ Business ☐ Over 60 ☐ Veteran (or family) ☐ Disabled person INFORMATION ABOUT THE TRANSACTION Location: _____ Amount Paid: \$ _____ ☐ Cash ☐ Credit ☐ Check ☐ Loan Date of Transaction: _____ Goods/Service Bought: _____ Did you sign a contract? ☐ Yes ☐ No		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: _____	
Have you contacted the company: ☐ Yes ☐ No			
What outcome are you seeking: ☐ Refund \$ _____ ☐ Delivery ☐ Service ☐ Other _____			
HAVE YOU?			
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 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 the foregoing is true and accurate to the best of my knowledge.*

Your Signature (Required) _____ Date: _____