



Office of the District Attorney
18th Judicial District of Kansas

CONSUMER COMPLAINT FORM

MUST BE FILLED OUT IN FULL WITH SUPPORTING DOCUMENTATION ATTACHED

INFORMATION ABOUT (YOU) CONSUMER

Full Name _____ Street Address _____

City _____ State _____ Zip Code _____

Phone number _____ E-mail _____

Choose all that apply

I am a(n): Individual Business Over 60 Veteran (*or family*) Disabled person

COMPANY YOUR COMPLAINT IS AGAINST

Company Name _____ Street Address _____

City _____ State _____ Zip Code _____

Phone number _____ Contact Person(s) _____

Type of Company: Choose all that apply

Automotive: 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 TRANSACTION

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? _____

Retained an attorney? _____ Provide name and address _____

Is there pending legal action regarding this matter (*i.e. small claims, civil, or criminal*) _____

DOWNTOWN
525 N. MAIN, SUITE 235
WICHITA, KANSAS 67203
(316) 660-3653

**DESCRIBE THE TRANSACTION SUCCINCTLY IN CHRONOLOGICAL ORDER
(IF YOU HAVE NOT CONTACTED THE COMPANY YET, EXPLAIN WHY)**

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

DOCUMENTATION OF THIS 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 _____