

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30213  
LANSING, MICHIGAN 48909

**MIKE COX**  
ATTORNEY GENERAL

Dear Consumer:

In response to your request, attached is a consumer complaint/inquiry form. Please review the filing information and complete the form so that we may assist you in the most efficient manner possible.

### **CONSUMER COMPLAINT/INQUIRY FILING INFORMATION**

**PLEASE BE AWARE** that complaints or inquiries become public records when they are submitted to the Attorney General's office, and under the Michigan Freedom of Information Act, copies may be subject to disclosure to anyone who asks for them.

#### **How Information You Submit To Our Office Will Be Used**

If you submit a complaint, a copy of the complaint may be sent to the business about whom the complaint is issued and may be sent to other governmental agencies for their review. Some complaints may become the subject of civil or criminal cases and may be subject to disclosure as part of a court proceeding. Any information that you give to us will not be sold, rented, or leased to third parties and will only be used by us to respond to you or investigate your complaint. We strongly urge you NOT to submit sensitive information, such as your Social Security number or credit card information, unless it is absolutely necessary for the investigation of your complaint. If you believe that you must submit such information, please send the complaint and any attachments by mail.

#### **Processing Information**

The Consumer Protection Division of the Attorney General's office helps consumers each year by mediating complaints that fall within our jurisdiction. In many cases our assistance will help you obtain an acceptable resolution to your problem. However, if our mediation is not successful, the Attorney General cannot act as a private attorney on your behalf.

The Consumer Protection Division receives many thousands of consumer complaints and inquiries; thus, it may take several weeks for your complaint or inquiry to be fully processed. Your patience is appreciated. Upon receipt of your consumer complaint or inquiry, we will send you correspondence confirming receipt and informing you of the Attorney General file number assigned to your correspondence. Include this number with all subsequent correspondence.

For consumer complaints we will in most cases write to the business and enclose a copy of your correspondence. The business will be asked to respond to our office. We will contact you in

writing after we have received a reply from the business. If we do not hear back from the business within 30 days, we will recontact them regarding your complaint.

In some cases, the Consumer Protection Division may be unable to obtain any cooperation from the business. If the business refuses to respond, we will confirm this to you in writing. You may then want to consider filing suit in Small Claims Court or consulting with a private attorney to review your legal options.

### **Filing Instructions**

1. All complaints and inquiries should be submitted using our **Consumer Complaint/Inquiry** form.
2. Do not file a new form for follow-up or additional information but instead provide this information as detailed in paragraph 5.
3. Be sure to include the address and telephone number of the business you are complaining about, as well as your home address and telephone number. Accurate fax numbers and e-mail addresses will expedite the processing of your complaint.
4. Complaint details: Describe your problem, what attempts you have made to correct it, and how you would like to have the problem resolved.
5. It is very important that you include copies of documents that relate to your complaint. Examples: warranties, bills, guarantees, contracts, invoices, checks (both sides), etc. **DO NOT SEND ORIGINALS.** Please make certain your documents have some identifying information (Attorney General file number, or your name and date) so that we are able to match your information with your complaint. All documents should be on 8-1/2" x 11" single-sided paper. You may send documents that relate to your complaint as follows:

Consumer Protection Division  
P.O. Box 30213  
Lansing, MI 48909-7713

Facsimile: 517-241-3771

Send by regular mail or fax as listed above. If you have any questions, please call the Consumer Protection Division Monday through Friday from 8:30 AM to 4:30 PM at (517) 373-1140 or toll free 1-**877**-765-8388.

Sincerely,

**MIKE COX**  
Attorney General

Consumer Protection Division  
(517) 373-1140  
(877) 765-8388 - Toll Free



## MICHIGAN DEPARTMENT OF ATTORNEY GENERAL

### CONSUMER COMPLAINT/INQUIRY FORM

Please be aware of the following:

- Complaints and inquiries become public records when they are submitted to the Attorney General's office, and under the Michigan Freedom of Information Act, copies may be subject to disclosure to anyone who asks for them.
- A copy of the complaint may be sent to the business against whom the complaint is issued. An accurate company Fax number will expedite processing.
- A copy of the complaint may be sent to other governmental agencies.
- Please be particularly cautious with information containing your Social Security number, credit card account numbers, etc. for security purposes. If you believe it is necessary to submit such information, you should mail that information and the corresponding complaint.

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#### Consumer Information

Your Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Your Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Your State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Your County: \_\_\_\_\_  
Your Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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#### Primary Company or Person Your Complaint Is About

Company: Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_

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**Secondary Company or Person Your Complaint Is About**

Company: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

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**Complaint Information**Is Your Complaint About A Bill? Yes  No 

If So, Please Provide A Copy.

Approximate Monetary Value: \$ \_\_\_\_\_

Did You Sign A Contract?: Yes  No 

Where Did You Sign This Contract: \_\_\_\_\_

Is A Court Action Pending?: Yes  No Do You Have An Attorney  
Representing You On This Matter?: Yes  No 

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**Motor Vehicle Warranty Complaint Information**

If your complaint involves motor vehicle manufacturer warranties or non-dealer service contracts, please fill out this section. Most other auto-related complaints, including dealer complaints and complaints concerning automotive repairs and repair facilities, must be filed with the Department of State's Bureau of Regulatory Services: **1-888-767-6424**.

Vehicle Make, Model and Year: \_\_\_\_\_

VIN No.: \_\_\_\_\_

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**Complaint Detail/Inquiry Information**

Describe your problem, what attempts you have made to correct it, and how you would like to have the problem resolved. Use additional sheets if necessary.

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