

**OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION AND ANTITRUST BUREAU  
33 CAPITOL STREET  
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Fax: (603) 271-2110  
Toll Free: (888) 468-4454  
Email: [doj-cpb@doj.nh.gov](mailto:doj-cpb@doj.nh.gov)**

Thank you for contacting the Consumer Protection and Antitrust Bureau of the Attorney General's Office. Attached is a copy of the Bureau's Consumer Complaint Form. The Bureau prefers that all complaints be submitted in writing in order to be fully and formally evaluated. Please provide as much information as possible to help us assess your complaint. If you want to file a complaint that alleges a company doing business in New Hampshire has engaged in some sort of unfair or deceptive business practice, please complete this complaint form and attach to it copies of all documents which support your claim.

Your complaint will be read and reviewed in the order it was received. That process may take some time and your patience is appreciated, as the Bureau receives over 4,000 formal complaints and approximately 7,000 phone calls per year to our consumer information line. A paralegal and an attorney will review your complaint, and you will be notified in writing of any action we decide to take. It is important for you to understand that we do not represent you. We are a law enforcement agency that reviews complaints for possible violations of law. We cannot provide you with legal advice and you should seek out your own attorney if you feel you are in need of private legal assistance.

Possible actions by the Bureau may include forwarding your complaint to the business for a response or referral of your complaint to another state agency. If we determine that your complaint is not within the Bureau's jurisdiction or otherwise does not rise to a consumer protection violation, we may suggest that you contact a private attorney or pursue an action in small claims court.

If we decide to send your complaint to the business for a response from them, you need to understand that we will send a copy of your complaint, including your name, address and nature of complaint, as well as a copy of any documents you send to us in support of your complaint. If you have any objections to the contents of your complaint being forwarded to the business or person the complaint is directed against, or to other governmental or law enforcement agencies, or public interest consumer advocates, please make this clear on the complaint form by marking "No" at paragraph 11.

Thank you for contacting us with your concerns.

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**CONSUMER COMPLAINT FORM**

Please type or print neatly. Answer all questions as completely as possible. Attach copies of all relevant documents to your complaint.

**Consumer/Complainant Information**

Mr.  Ms.  Mrs.  Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Complaint Against (Business Address Required):**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Internet Web Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**General Information**

- 1) Have you complained to the business? Yes  No   
Please enclose a copy of the complaint and the reply from the business, if applicable.
- 2) Product or service you purchased: \_\_\_\_\_
- 3) Date of purchase: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
- 4) Did you sign a contract? Yes  No 
  - If yes, please provide a copy of the contract.
- 5) Did you receive a warranty? Yes  No 
  - If auto warranty, please provide a copy of the terms and conditions
- 6) Did you buy an extended warranty or service plan? Yes  No 
  - If yes, please provide the details.
- 7) Payment Method Cash  Check  Credit Card  Debit Card  Loan
- 8) Was the product or service advertised? Yes  No 
  - Please provide a copy of the advertisement, if relevant to your complaint, and tell us where you saw the ad.

9) Have you hired a lawyer? Yes  No

If yes, please provide lawyer's name and address: \_\_\_\_\_  
\_\_\_\_\_

10) Have you contacted any other agency? Yes  No

If yes, please provide agency's name and address: \_\_\_\_\_  
\_\_\_\_\_

11) May we contact the business? Yes  No

Please Note: If you answer no, the Bureau will not be able to share your complaint with the business. If you answer yes and we contact the business to get a response to your complaint, your name and contact information will be disclosed.

Please provide a brief explanation of your complaint and explain how you think the business was unfair or deceptive. Also, indicate what you think is a fair resolution. Attach additional pages, if necessary.

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**Please read before signing below.** In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from unfair or deceptive business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against, or to other governmental or law enforcement agencies, or public interest consumer advocates, including the Legal Advice and Referral Center, New Hampshire Legal Assistance, UNH School of Law, and the Pro Bono and Lawyers Referral Programs of the New Hampshire Bar Association.

The above complaint is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_