



Consumer Complaint Form
Division of Consumer Affairs
Tennessee Attorney General's Office
P.O. Box 20207
Nashville, TN 37202-0207
(615) 741-4737 Phone
Consumer.Affairs@ag.tn.gov

(Departmental use only)
Received in office:

Section I: How Do We Reach You?

Your Contact Information

Please print clearly or type. All fields marked with an asterisk () are required. Provide as much information as possible.*

***Name:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

***(Tennessee Residents only) County:** _____

Phone: Home (____) _____ Work: (____) _____ Email: _____

Best Contact Time: _____

Section II: Who is Your Complaint Against?

Business Contact Information

***Business Name:** _____

Contact person: _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

Phone: (____) _____ Fax: (____) _____

Email: _____ Website address: _____

Type of product or service: _____

Section III: What Happened?

Details of Incident

***Amount Involved:** \$ _____ How did you pay? _____ ***Date of transaction:** ___/___/___

***Have you contacted the business about this complaint?** ____ With whom did you speak/when: _____

***What are you asking the business to do?** _____

***What did the business do?** _____

List all agencies you have contacted about this complaint: _____

