



CONSUMER COMPLAINT

OFFICE OF THE ARIZONA ATTORNEY GENERAL
ATTORNEY GENERAL KRIS MAYES
www.azag.gov

Complaint/Confirmation #: 062QN-HJS2I

Section 1: YOUR INFORMATION				
YOUR NAME		YOUR STREET ADDRESS		
BEST NUMBER TO CALL DURING THE DAY		EMAIL ADDRESS	CITY	STATE ZIP CODE
		lezleyshepherd@msn.com		

Section 2: WHO YOU ARE COMPLAINING AGAINST				
NAME OF BUSINESS YOU ARE COMPLAINING AGAINST			STREET ADDRESS OF BUSINESS	
PHONE NUMBER OF BUSINESS		EMAIL ADDRESS	CITY	STATE ZIP CODE

Section 3: AUTHORIZATIONS	
May we send a copy of this to the person or firm you are complaining against? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<small>(By selecting the answer, "Yes," to the question, "May we send a copy of this to the person or business you are complaining against," I hereby authorize the Office of the Arizona Attorney General to communicate with the party(ies) against whom I have filed this complaint. I also authorize the party(ies) against whom I have filed this complaint to communicate with and provide information related to my complaint, including disclosure of non-public personal information, to the Office of the Arizona Attorney General in connection with this complaint. If your response is "No," we may be prevented from taking any action on your complaint.)</small>	
May we provide your name and telephone number to the media in the event of an inquiry about this matter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
May we send a copy of your complaint to another government agency for its review or investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section 4: STATISTICAL INFORMATION (Optional)		
For statistical purposes, please indicate:		
Your Age:	Military/Veteran:	
<input type="checkbox"/> Under the age of 30	<input type="checkbox"/> Between the age of 60-79	<input type="checkbox"/> Currently in military service
<input type="checkbox"/> Between the age of 31-59	<input type="checkbox"/> Over the age of 80	<input type="checkbox"/> A veteran
How did you hear about our complaint form (please choose only one):		
<input type="checkbox"/> Called Phoenix AG Office	<input type="checkbox"/> Visited an AG Satellite Office	<input type="checkbox"/> Another Arizona State Agency/State Legislator
<input type="checkbox"/> Called Tucson AG Office	<input type="checkbox"/> An Out Of State Agency	<input type="checkbox"/> Attended AG Presentation/Event
<input type="checkbox"/> Went onto AG Website	<input type="checkbox"/> Media: Newspaper/Radio/TV	<input type="checkbox"/> Other _____

Section 5: TELEMARKETING / ROBOCALL COMPLAINTS (If your complaint is not against a telemarketer, skip to Section 6)		
Is your complaint about a telemarketer or robocall? No <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you on the National Do Not Call Registry? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date of phone call	List the phone number that called you	List the phone number that received the phone call
Was the caller offering a product or service? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What was the call about?		

You do not need to fill out Section 6 unless applicable to your complaint. Please make sure to review your complaint for accuracy and then sign and date your complaint (located at Section 7 at the end of this form).

