

File#:

- The information you report on this form will be used to help us investigate violations of consumer laws.
- **The City of Austin Law Department does not resolve individual consumer complaints.**
- This complaint and the information you provide are records open to the public under Texas Law.
- We may send a copy of this form to the Business, so **please write legibly and use black ink only.**
- Please attach copies of any documents necessary to explain the transaction but **do not send original documents.**
- The City of Austin Law Department will contact you if additional information is needed.

Consumer Information

Business or Individual Complaint is Against

Name		Name	
Address		Address	
City		City	
State	Zip	State	Zip
Home Phone ()	Work Phone ()	Phone ()	
Email address		Person you dealt with:	
Age: <input type="checkbox"/> Under 19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65or over		Website or Email address:	

- | | |
|--|---|
| <p>1. Initial contact between you and the business:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Person came to my home <input type="checkbox"/> I went to company's place of business <input type="checkbox"/> I received a telephone call from business <input type="checkbox"/> I telephoned the business <input type="checkbox"/> I received information in the mail <input type="checkbox"/> I responded to radio/television ad <input type="checkbox"/> I responded to printed advertisement <input type="checkbox"/> I responded to a Website or e-mail solicitation <input type="checkbox"/> I responded to a solicitation in a language other than English (What language?) _____ <input type="checkbox"/> Other _____ | <p>2. Where did the transaction take place?</p> <ul style="list-style-type: none"> <input type="checkbox"/> At home <input type="checkbox"/> At business <input type="checkbox"/> By mail <input type="checkbox"/> Over the phone <input type="checkbox"/> Over the computer <input type="checkbox"/> Trade Show or Hotel <input type="checkbox"/> Other _____ |
|--|---|

3. Date(s) of Transaction(s)

4. Did you sign a contract?
- Yes (please enclose a copy)
 - No

5. How much did the company/individual ask you to pay? _____

6. How much did you actually pay? \$ _____ Cash Credit Card Loan Check

Bank Account Debit Wire Transfer Money Order Cashiers Check Debit Card

Date(s) of Payment: _____

