



Office of the District Attorney
18th Judicial District of Kansas

Consumer Division ~ 1900 East Morris, Wichita, Kansas 67211

CONSUMER COMPLAINT FORM

Please fill in this form completely. Attach copies of all documents to support this claim.

SECTION I:

Print Name:

Date of Birth: Male Female SSN#

Current address:

City: State: Zip Code:

Home phone: Cell phone:

E-mail:

Place of employment: Work Phone:

Work address:

City: State: Zip Code:

SECTION II:

CHECK THE PRIMARY ISSUE OF YOUR COMPLAINT

<input type="checkbox"/> Auto Purchase or Repair	<input type="checkbox"/> Auto Sale New or Used	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Sweepstakes, lotteries and prize notifications	<input type="checkbox"/> Charity Fraud	<input type="checkbox"/> Health Clubs or Spas	<input type="checkbox"/> Leisure /Travel	<input type="checkbox"/> Internet/Email Scams	<input type="checkbox"/> Privacy/Identity Theft
<input type="checkbox"/> Employment/Talent Agencies	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Household goods Appliances	<input type="checkbox"/> Household goods Electronics	<input type="checkbox"/> Household goods Furniture	<input type="checkbox"/> Business Opportunities
<input type="checkbox"/> Collections	<input type="checkbox"/> Credit Repair	<input type="checkbox"/> Credit Lending	<input type="checkbox"/> Cable TV Telephone Cell Phone	<input type="checkbox"/> Telemarketing/ Do not Call Issues	<input type="checkbox"/> Utilities: water, gas, electric
<input type="checkbox"/> Landlord Tenant	<input type="checkbox"/> Moving Company	<input type="checkbox"/> OTHER			

SECTION III:

IDENTIFY THE PERSON OR BUSINESS THAT YOU ARE COMPLAINING ABOUT

Name of company or individual:

Address: Phone Number:

City: State: Zip Code:

Names of people you dealt with:

Was a contract signed: [] Yes [] No If yes, in what city?

Have you filed a legal action involving this complaint? If yes, please explain:

Please give the name and address of any private attorney or other agency you have talked to about this complaint.

What do you want us to do about your complaint?

What specific losses do you claim in this matter?

SECTION IV: TELL US WHAT HAPPENED

Identify all individuals or companies with information about this claim. Provide their names and contact information. State how you believe you may have been *deceived, misled or defrauded*. You may use additional sheets of paper to comment. This document and all attachments should be mailed to the following address:

OFFICE OF THE DISTRICT ATTORNEY, CONSUMER DIVISION, 1900 EAST MORRIS, WICHITA, KANSAS 67211

Or by E-Mail to: Consumer@Sedgwick.gov

**[Note: The Consumer Office is now located at the Juvenile Justice Complex near Hydraulic and Lincoln]
For further information on filing a complaint contact the Consumer Hotline ~ 316-660-3653**

I understand that I am filing a complaint in good faith with the Office of the District Attorney, and that the Office of the District Attorney will take appropriate action to the lawful disposition of my case. I further understand that a copy of this complaint may be forwarded to the other party for their response.

BY FILING THIS COMPLAINT, I UNDERSTAND THAT THE DISTRICT ATTORNEY IS NOT MY PRIVATE ATTORNEY, BUT REPRESENTS THE PUBLIC TO ENFORCE THE CONSUMER PROTECTION LAWS.

Print Your Name: _____

Signature: _____ Date: _____