Office of the District Attorney
18th Judicial District
525 N. Main, Ste 235, Wichita, Kansas 67203
(316)660-3653 or consumer@sedgwick.gov

CONSUMER COMPLAINT FORM

MUST BE FILLED OUT IN FULL WITH SUPPORTING DOCUMENTATION ATTACHED

INFORMATION ABOUT (YOU) CONSUMER

Full name: _____

Street address: _____

City, State, Zip: _____

Phone: _____

Email: _____

COMPANY YOUR COMPLAINT IS AGAINST

Company name: _____

Street address: _____

City, State, Zip: _____

Phone: _____

Contact Person(s): _____

Choose all that apply:

I am a(n):
- ☐ Individual
- ☐ Business
- ☐ Over 60
- ☐ Veteran (or family)
- ☐ Disabled person

INFORMATION ABOUT THE TRANSACTION

Location: _____

Amount Paid: $_____

☐ Cash ☐ Credit ☐ Check ☐ Loan

Date of Transaction: _____

Goods/Service Bought: _____

Did you sign a contract? ☐ Yes ☐ No

TYPE OF COMPANY: CHOOSE ALL THAT APPLY

Automobile: ☐ Sales ☐ New ☐ Advertising ☐ Used ☐ Repair ☐ Lease

Construction: ☐ Roofing ☐ Plumbing ☐ Concrete ☐ Landscape ☐ Electric ☐ HVAC

☐ Collections/Credit Reporting
☐ Door to Door Sales
☐ Billing
☐ Goods
☐ Services
☐ Utilities

Other: _____

Have you contacted the company: ☐ Yes ☐ No

What outcome are you seeking:

☐ Refund $_____ ☐ Delivery ☐ Service ☐ Other _____

HAVE YOU?

Contact another agency? Which agency?		Retained an attorney? Provide name/address.		Is there pending legal action regarding this matter, (i.e. small claims, civil, or criminal).	

DESCRIBE THE TRANSACTION SUCCINCTLY IN CHRONOLOGICAL ORDER (IF YOU HAVE NOT CONTACTED THE COMPANY, EXPLAIN WHY)

ARE YOU AWARE OF ANYONE ELSE WHO HAS HAD A SIMILAR EXPERIENCE WITH THIS COMPANY?

DOCUMENTATION OF THE TRANSACTION

Please provide copies of **all** documents relevant to this complaint, including advertising material, contracts, warranty information, receipts, letters, checks (front and back), photographs, etc. Failure to provide **all** relevant documents will cause unnecessary delay in the handling of your complaint.

VERIFICATION

In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys, but instead represent Sedgwick County in enforcing laws designed to protect the public from deceptive and unconscionable business acts and practices. I understand that Kansas law limits the period of time during which I may file any private legal action(s). I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regards to any private action(s). I further understand and agree that the contents of this complaint may be forwarded to the business or person the complaint is design directed against or to other appropriate agencies. *I declare and verify that all the foregoing is true and accurate to the best of my knowledge.*

Your Signature (Required) _____ Date: _____