



**CONSUMER COMPLAINT FORM**  
 Office of the Attorney General  
 Consumer Advocacy and Response Division  
 One Ashburton Place  
 Boston, MA 02108 -1518

Please return form to:  
 MCC  
 LAW CENTER  
 33 Kearney Square  
 Lowell, MA 01852-1987  
 (978) 656-3342 telephone  
 (978) 441-1749 fax  
 lawcenter@middlesex.mass.edu

The Massachusetts Attorney General's Office (AGO) attempts to resolve individual consumers' disputes with businesses, where appropriate.

Please be aware of the following:

While the Massachusetts Attorney General's Office (AGO) sometimes brings lawsuits for the Commonwealth to enforce consumer protection laws and in the public interest generally, the AGO does not represent individual consumers. Therefore, we cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney.

**Disclosure of Your Complaint**

1. The information you have submitted may be provided to the entity or individual you are complaining about in order to resolve your complaint. We may also provide your complaint and related information to other law enforcement and regulatory agencies.
2. Some data concerning your complaint may be publicly posted on the AGO website, including the name of the entity or individual you complained about, the date the complaint was filed, and the town or city where you live.
3. In most circumstances, your complaint, including any associated correspondence and documentation, is considered a public record in its entirety. As such, it will be made available to any member of the public who makes a public records request to our Office. There are certain exceptions to this rule: If your complaint concerns goods or services provided by insurance, healthcare, or financial services providers, or concerns civil rights, we generally will not disclose your name, address, phone number, email address, or any other identifying information in response to such a request.

If your complaint is urgent or if you seek an accommodation due to a disability, please call the Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337.

**Your Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Check Here if you are over 60 (Optional)       Veteran of U.S. Military Service OR Active Duty U.S. Military (Optional)      Note: You are not required to provide this information to file a complaint, but having it may help us serve you more effectively.

- I am seeking assistance for myself.       I am seeking assistance for a family member.       I am seeking assistance for my client.  
 I am seeking assistance as a business.       I am seeking assistance for someone not listed above.  
 I am letting the AGO know about this business or trade practice.

**Business or Organization that is the subject of this complaint:**

Business Name: \_\_\_\_\_

Was this an online transaction?       Yes       No      (note: if yes, please enter website address in Business Address if known)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Extension (optional): \_\_\_\_\_



Please list the type of business below. Be as specific as possible:

\_\_\_\_\_

**Information on your complaint:**

Include a full description of your complaint, including relevant dates and names.

**DO NOT** include your social security numbers, credit card numbers, or other private information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you made a payment, please indicate method of payment (optional):

- Cash
- Check
- Credit Card
- Debit Card
- Other

**Desired Outcome or Resolution**

- I want the AGO to know about this issue, but do NOT need a response.
- I need the AGO's help in mediating or resolving my complaint.
- I need information to help me resolve the issue on my own.
- I need help finding my own lawyer.
- This is an update to a previous complaint.

Select all actions you have taken to address this issue (if any).

- I complained directly to the business or entity.
- I previously contacted the Attorney General's Office.
- I contacted another government agency, community organization, or consumer program.
- I filed a police report.
- I filed a case in court.
- I hired a public insurance adjuster to represent me.
- I hired a lawyer or attorney to represent me.

**Do not send any documents other than this complaint form until someone from our office contacts you.**

**Read the Following Before Signing Below:**

By entering my name below, I certify that

- The information I have provided is true and correct to the best of my knowledge;
- I have read and understand the disclaimers at the beginning of this form regarding the disclosure of information contained within this complaint.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_