Public Protection Division Consumer Protection Section

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Consumer Protection Section
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* = REQUIRED

Please print or type. Your form must be legible.

Do not include personal or sensitive information such as health or medical history, date of birth, or driver license, social security, financial account or credit/debit card numbers on this form.

Is this related to a storm?          □ Yes □ No
Are you over the age of 65?        □ Yes □ No
Have you or do you serve in the armed forces? □ Yes □ No

*Date  *Full Name of Person Filing Form

*Address: ____________________________  *Home Phone: ____________________________

*City: ________________________________  *Work Phone: ____________________________

*State & Zip: ________________________  *Parish: ________________________________

*Person in Dispute: ____________________________

*Company in Dispute: ____________________________

*Address: ____________________________  *Phone: ____________________________

*City, State & Zip: _______________________  Parish/County: _______________________

Name of Salesperson (if known): ____________________________

Date of Transaction: ____________________________

Description of product or service about which you are disputing. Include brand name, model number and serial number, if possible:

________________________________________________________________________

________________________________________________________________________

Name of manufacturer (if known): ____________________________

Representative of manufacturer contacted (if any). Please include the address and phone number.
Amount of purchase and method of payment: ________________________________

If your dispute concerns the advertising of a product or service, indicate when and where it was advertised. ________________________________

Have you contacted the merchant? (  ) Yes (  ) No Date: ________________________________

After you submit this dispute form, the Attorney General's Office may provide a copy of it and any other information you provide to the company disputed against and/or to another agency.

*Using the space provided below, please explain your dispute fully. Please describe the events in the order in which they occurred, using extra paper if necessary. **IMPORTANT:** Enclose copies of all documents relevant to your dispute including advertising material, contracts, warranties, receipts, canceled checks, etc. If your dispute involves a vehicle, please indicate the make, year and vehicle identification number. Do not include personal or sensitive information such as health or medical history, date of birth, or driver license, social security, financial account or credit/debit card numbers on this form or on any documents you provide.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

*What would satisfy your dispute? ____________________________________________
PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are
signifying that you have read, and that you understand and agree to the following
statements and conditions:

I believe that the company I named in this dispute has committed unfair and deceptive business
practices.

Depending on the nature of my dispute, the Attorney General’s Office may forward a copy of
this form in its entirety, including any documents I provide to the company complained about
and ask for a response or may refer the dispute to another agency.

The Attorney General's Office may keep a record of this form and any documents I provide and
may provide copies of them to other private and public agencies. I authorize the Attorney
General's Office to give copies of the form and any documents I provide and any information in
them to anyone deemed necessary by the Attorney General's Office.

If I have a complaint about criminal conduct, such as fraud, the Attorney General's Office
recommends that I contact local law enforcement agencies, which have jurisdiction over criminal
activity.

The information that I provide may be used to help the Attorney General's Office detect patterns
of unfair and deceptive trade practices, which may lead to investigations on behalf of the public
to eliminate such practices. However, the Attorney General's Office cannot act as my lawyer, a
court of law, or legal advisor. The Attorney General's Office is not my personal legal
representative and does not conduct litigation on behalf of individuals in matters involving private
controversies. The Attorney General's Office recommends that I consult a private attorney. I may
lose my right to sue about this matter entirely if I wait too long to do so. Any action by the
Attorney General's Office may not result in a refund or other relief for me personally. I am,
however, filing this dispute to notify the Attorney General’s Office of the activities of the named
party and to seek any assistance the Attorney General's Office may be able to render.

The information given is true to the best of my knowledge and belief.

☐ I understand and agree to all above statements and conditions.

Signature: _____________________________ Date: ___________________________