

CONSUMER DISPUTE FORM

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Consumer Protection Section
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CASE ID:
FOR OFFICE USE ONLY

* = REQUIRED

Please print or type. Your form must be legible.

Is this related to a storm? Yes No Are you over the age of 60? 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: _____

PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read and understand the following statements:

I understand the Attorney General's Office may provide copies of this form and any attachments to the business in dispute and other private and public agencies. I authorize the Office of the Attorney General to give copies or any information of the form to anyone deemed necessary by them.

I understand that the Attorney General's office is not my legal representative. I understand that it is recommended that I consult a private attorney. I also understand that I may lose my private right to sue about this matter entirely if I wait too long to do so. I also understand that any action by the Attorney General's office may not result in a refund or other relief for me personally.

I wish to file this dispute with the Attorney General's office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I am, however, filing this form to notify your office of the activities of this party and to seek any other assistance you may be able to render.

I understand and agree to all above conditions

Signature: _____

Date: _____