

STATE OF MISSISSIPPI



**JIM HOOD**  
**ATTORNEY GENERAL**

**MEREDITH ALDRIDGE, DIRECTOR**  
**CONSUMER PROTECTION DIVISION**

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Dear Consumer,

Thank you for bringing your complaint to our attention. It is our intent to help you reach a prompt resolution of this matter. In order for this office to properly consider your case, it will be necessary for you to follow the directions outlined below. While we may be able to offer advice, we cannot take action to assist you until the following steps have been completed.

1. Write a letter of complaint to the business which sold you the item or performed the service. Ask for specific and reasonable action from the company. Send the letter by certified mail with a return receipt requested.
2. If the business does not respond within ten working days, or if it indicates an unwillingness to work with you, complete the enclosed complaint form and mail it to the address indicated. Enclose **copies** of your letter to the business and any contracts, bills, receipts, or canceled checks. Remember, send copies, do not send originals. Allow three (3) weeks for a review of your complaint and a response from our office.

While we can sometimes assist with the mediation of a dispute when both parties are willing, we cannot by law act as a lawyer for any one person who has a dispute with another. Under the Mississippi Consumer Protection Act, the Attorney General is allowed to sue only to prevent unfair and deceptive business practices occurring statewide or affecting large numbers of people. Additionally, we can not arbitrate disputes between businesses.

We encourage consumers to send us information about suspected illegal business practices. Often, the more reports we receive, the clearer the practice is revealed. Numerous complaints may reveal a pattern of misconduct, allowing us to take action.

If we cannot assist you, we will refer you, whenever possible, to other more appropriate agencies or organizations which may be of assistance. In any event, we will do everything within our authority to help resolve your problem.

Thank you for your cooperation.

Sincerely,

**JIM HOOD, ATTORNEY GENERAL**

## Sample Complaint Letter

	(Your Address) (Your City, State, ZIP Code) (Date)	
	(Name of Contact Person, if available) (Title, if available) (Company Name) (Consumer Complaint Division, if you have no contact person) (Street Address) (City, State, ZIP Code)	
	Dear (Contact Person):	
<b>&gt;describe purchase</b>	Re: (Account number, if applicable)	
<b>&gt;name of product, serial numbers</b>	On (date), I )bought, leased, rented, or had repaired) a (name of the product with serial or model number or service performed) at (location, date and other important details of the transaction).	<b>&gt;include date and place of purchase</b>
	Unfortunately, your product (or service) has not performed well (or the service was inadequate) because (state the problem). I am disappointed because (explain the problem: for example, the product does not work properly, the service was not performed correctly, I was billed the wrong amount, something was not disclosed clearly or was misrepresented, etc).	<b>&gt;state problem</b>
<b>&gt;ask for specific action</b>	To resolve the problem, I would appreciate your (state the specific action you want--money back, charge card credit, repair, exchange, etc.) Enclosed are copies (do not send originals) of my records (include receipts, guarantees, warranties, canceled checks, contracts, model and serial numbers, and any other documents).	<b>&gt;give history</b>
<b>&gt;enclose copies of documents</b>	I look forward to your reply and a resolution to my problem, and will wait until (set a time limit) before seeking help from a consumer protection agency or the Better Business Bureau. Please contact me at the above address or by phone at (home and/or office numbers with area codes).	<b>&gt;allow time for action</b>
	Sincerely,  (your name)	<b>&gt;state how you can be reached</b>
	Enclosure(s) cc: (reference to whom you are sending a copy of this letter, if anyone)	

**KEEP COPIES OF YOUR LETTER AND ALL RELATED DOCUMENTS.**

**OFFICE OF CONSUMER PROTECTION**  
**Jim Hood, Attorney General**  
**State of Mississippi**  
Post Office Box 22947  
Jackson, Mississippi 39225-2947  
Telephone (601) 359-4230, (800) 281-4418; Fax (601) 359-4231

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OFFICE USE ONLY

Assigned to \_\_\_\_\_

Date assigned \_\_\_\_\_

Matter No. \_\_\_\_\_

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**Matter Type:** \_\_\_ Advocacy \_\_\_ Fraud      **Complaint Type:** \_\_\_ Call \_\_\_ Write \_\_\_ Walk-in \_\_\_ Referral

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**COMPLAINT FORM**

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**ACTION DESIRED:** Please check one.    \_\_\_ Repair item \_\_\_ Replace item \_\_\_ Refund (amount \$ \_\_\_\_\_)

**CONSUMER INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

(Optional, for statistical purposes, only)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ )      Work Phone ( \_\_\_\_\_ )

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**COMPANY INFORMATION:**      (complete information applying to your complaint)

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

Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Name of person with whom you dealt \_\_\_\_\_

Product or service \_\_\_\_\_ Manufacturer \_\_\_\_\_

Model (year/type/number) \_\_\_\_\_ Serial Number \_\_\_\_\_

Date of purchase or service \_\_\_\_\_ Place of purchase or service \_\_\_\_\_

Amount paid \_\_\_\_\_ Amount financed \_\_\_\_\_

Date of your last contact with business \_\_\_\_\_

With whom did you speak? \_\_\_\_\_ His/Her title? \_\_\_\_\_

What was the response? \_\_\_\_\_

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Have you retained a private attorney regarding this matter? Yes \_\_\_\_\_ No \_\_\_\_\_

What other agencies have you contacted about this complaint? \_\_\_\_\_

Do you know of others with similar complaints against this company?

**Name**

**Address**

**Phone**

**SUMMARY OF COMPLAINT**

*(Briefly describe your complaint. Include specific dates. Please remember a copy of this form will be given to the business. Attach additional sheets if necessary.)*

Attach **COPIES** of any relevant documents such as letters, bills of sale, contracts, warranties, advertisements, work orders, bills, etc. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

**Check Action Desired:** \_\_\_\_\_ **Repair Item** \_\_\_\_\_ **Replace Item** \_\_\_\_\_ **Refund (amount \$ \_\_\_\_\_)**

**AFFIDAVIT**

**By signing this complaint, I consent for my name to be used by the Attorney General's Office in any subsequent legal action that is deemed necessary.**

**I hereby swear or affirm that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

