

STATE OF MISSISSIPPI



JIM HOOD
ATTORNEY GENERAL

PATRICK BEASLEY, DIRECTOR
CONSUMER PROTECTION DIVISION

March 28, 2012

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. We strongly urge you to meet with a private attorney to review your dispute to see if it is suitable for litigation. **Please note that all civil actions are governed by a statute of limitations. If you fail to file a civil suit prior to the end of the statute of limitations, you could be prevented from pursuing your claim.**

**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. 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):	
>describe purchase	Re: (Account number, if applicable)	>include date and place of purchase
>name of product, serial numbers	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).	>state problem
	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).	>give history
>ask for specific action	To resolve the problem, I would appreciate your (state the specific action you want--money back, charge card credit, repair, exchange, etc.)	
>enclose copies of documents	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).	
	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).	>allow time for action
	Sincerely, (your name)	>state how you can be reached
	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

OFFICE USE ONLY

Assigned to _____

Date assigned _____

Matter No. _____

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

COMPLAINT FORM

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

CONSUMER INFORMATION:

Name _____

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? _____

INCLUDE COPIES OF ALL CORRESPONDENCE WITH THIS COMPLAINT FORM

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

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Comment [I1]: <Component ID="611"
Name="EnterMailName"
DisplayName="EnterMailName"
ClassName="TextComponent" Category="User"
IsActive="True"
Description="EnterMailName"><CommentPaylo
ad Name="EnterMailName"/></Component>