CONSUMER COMPLAINT FORM

Your Information:

Name: ____________________________________________
Address: __________________________________________
City, State, Zip: ____________________________________
Phone: ____________________________________________
E-mail: ____________________________________________

Person/Business Complained Against:

Name: ____________________________________________
Address: __________________________________________
City, State, Zip: ____________________________________
Phone: ____________________________________________

Transaction Information:

Date of Transaction: ____________________________ Time of Transaction __________________________
Name of Person with Whom You Dealt With: __________________________________________
Product or Service Involved: ____________________________________________________________
Did You Sign a Written Agreement? ___________ Did You Receive a Contract or Receipt? ____________
• Attach Copies of any agreements, contracts or receipts.

Have You Tried to Resolve This Issue With the Company? ___________________________________
If Resolution Has Been Attempted, Please Provide the Name and Contact Information of the Person With Whom You Dealt With:

__________________________________________

Continue to Page 2
**Summary of Transaction:** This Section **MUST** be completed. Attach additional pages and further documentation if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What Do You Consider To Be a Fair Resolution Regarding This Issue?

________________________________________________________________________

________________________________________________________________________

Certification:

I am filing this complaint based on my understanding of the facts. By signing below, I authorize the Wyoming Department of Agriculture to forward it, with all attachments, to the person or business complained against.

Date: __________________________ Signature: __________________________
Consumer Complaint Checklist

1. Provide the Complete Name, Address and Telephone Number of the person and/or company on which your complaint is based.

2. Answer the Question of What You Consider To Be a Fair Resolution Regarding This Issue.

3. Mail the Original of this Form to the Following Address:
   • Wyoming Department of Agriculture
   • 2219 Carey Avenue
   • Cheyenne, Wyoming 82002-0100

4. Send ONLY copies of all other documentation. Do not send the originals.

5. Staple copies of any accompanying document to the original complaint form.

6. Retain a complete copy of the complaint form and all documentation in your files.

Note: Not all complaints are able to be resolved by this office, but your complaint will be reviewed, a response provided, or forwarded onto the appropriate agency for investigation. The resolution of a complaint is a shared responsibility that requires time, patience and flexibility. All of which is dependent upon the nature of the complaint and the resources required to investigate said complaint.

In order to resolve your complaint as quickly as possible, please follow these guidelines.

Thank You!