 **Complaint Form**

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| Your Full Name: |
| Address: |
| City, State and Zip:  |
| Home Phone:  |
| Business Phone: |
| Email: |

Who is this complaint about:

Individual [ ]  Business/Governmental Agency [ ]

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| --- |
| Name of Person, Business/ Agency: |
| If Business/ Agency Name of Representative: |
| Address: |
| City, State, Zip: |
| Phone/Website:  |

Have you discussed this complaint with another Local, State, or Federal Agency:

Yes [ ]  No [ ]

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| If yes, which other Agency:  |
| Name of Representative: |
| Phone:  |

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| What was the outcome of their findings: |

Please be as specific as possible, give dates, times, location, individuals involved, witnesses (with contact information)

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| Your Complaint: |

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| What do you consider to be a fair resolution to your complaint: |

Prior to submitting this form, please attach copies of all relevant documentation you have regarding this complaint.

**ACKNOWLEDGEMENT AND CERTIFICATION (Read Before Signing)**

 I hereby certify the information in this complaint is accurate and complete to the best of my knowledge and belief. I authorize the Attorney General or other government agency to use the information herein in any manner they deem appropriate.

 I understand the Attorney General is not my attorney, but represents the State of Utah in enforcing laws to protect from fraudulent, deceptive and/or unfair practices. I understand as a law enforcement agency, the primary function of the Attorney General does not include pursuing my individual claims for relief. I also understand I must consult with a private attorney if I wish to receive advice regarding my legal rights.

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Mail To:

UTAH ATTORNEY GENERALS OFFICE

CRIMINAL INVESTIGATIONS UNIT

5272 S College Dr., Ste #200

Murray, UT 84123