



Complaint Form

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

Who is this complaint about:

Individual

Business/Governmental Agency

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

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

What was the outcome of their findings:

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

Your Complaint:

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 GENERAL'S OFFICE
UTAH STATE CAPITOL
P.O. Box 142320
Salt Lake City, UT 84114-2320