



COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL

ANDY BESHEAR  
ATTORNEY GENERAL

1024 CAPITAL CENTER DRIVE  
SUITE 200  
FRANKFORT, KENTUCKY 40601

Dear Kentucky Consumer:

The Office of the Attorney General works with consumers and businesses to address marketplace concerns.

The mediation services provided by the Attorney General's Office under the Consumer Protection Act assist consumers with problems, complaints, and disagreements over goods or services in the marketplace. Many complaints against businesses are resolved upon notice of the problem to the business by this office.

During our office's preliminary review of your complaint, if your problem is determined to be outside our office's jurisdiction, we will return your inquiry and refer you as efficiently as possible to the governmental agency you should contact for assistance. Should your problem be determined appropriate for mediation, we would initiate contact with the company you have indicated in your complaint and request a written response from the company within 30 days. We would then provide you with a copy of the company's response and work with you to determine if further steps are appropriate. **Should you submit a consumer complaint form and mediation ultimately be explored with the business, please keep in mind that it could take 30-40 days before we can provide you with an update.**

Our office cannot act as a private attorney for any consumer's complaint. If you are in need of immediate legal action, please contact a private attorney, and/or consider Small Claims Court if your disputed claim is less than \$2,500.00 total. If you do not have a private attorney and are not sure where to begin, please consider utilizing one of the Kentucky Bar Association's lawyer referral programs for guidance. Information for the regional lawyer referral programs can be found at: <https://www.kybar.org/page/lawreferserv>.

Thank you.

**SCAMALERTS**- Text KYOAG Scam to GOV 311 (468311) to be alerted when scammers are on the attack or visit [www.ag.ky.gov](http://www.ag.ky.gov).

# CONSUMER COMPLAINT FORM

ANDY BESHEAR  
ATTORNEY GENERAL



RETURN TO:  
Office of Attorney General  
Consumer Protection Division  
1024 Capital Center Drive  
Frankfort, KY 40601  
Hotline: 1-888-432-9257  
www.ag.ky.gov/cp  
Fax: 502-573-7151

**TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

YOUR NAME  Mr  Mrs  Ms \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_

**Please fill in this section completely.**

WAS A CONTRACT SIGNED?  YES  NO (If Yes, Please Attach a **Copy** of Your Contract.)

WHERE WAS CONTRACT SIGNED?  IN YOUR HOME  AT THE BUSINESS  OTHER \_\_\_\_\_

DATE(S) OF TRANSACTION \_\_\_\_\_ PRODUCT OR SERVICE INVOLVED \_\_\_\_\_

TOTAL PRICE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ WAS PRODUCT/SERVICE ADVERTISED?  YES  NO

HOW WAS SERVICE ADVERTISED?  Newspaper  TV  Radio  Mail  Phone  Email  Internet  Other \_\_\_\_\_

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? \_\_\_\_\_

WHAT ACTION WAS TAKEN? \_\_\_\_\_

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY?  YES  NO HAVE YOU STARTED COURT ACTION?  YES  NO

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Below, briefly state the facts of your complaint (if necessary, use additional paper). Please attach copies of any papers involved (order blanks, warranties, credit card receipts or statements, contracts, advertisements, canceled checks, etc.). The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky's Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act.

Multiple horizontal lines provided for writing the complaint details.

**If Your Complaint is Regarding a Health Club Membership, Also Complete this Section.**

WAS CONTRACT SIGNED?  YES  NO DATE OF CONTRACT \_\_\_\_\_ LENGTH OF CONTRACT: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
TIME LEFT BEFORE CONTRACT EXPIRES: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
TOTAL AMOUNT OF YOUR CONTRACT: \$ \_\_\_\_\_ AMOUNT PAID TO DATE: \$ \_\_\_\_\_  
HOW WERE YOUR PAYMENTS TO BE MADE?  MONTHLY  YEARLY  OTHER  
AMOUNT OF EACH PAYMENT? \$ \_\_\_\_\_ WHEN WAS YOUR LAST PAYMENT? \_\_\_\_\_  
HAVE YOU MADE PAYMENTS TO ANY COMPANY OTHER THAN THIS HEALTH CLUB?  YES  NO

If yes, please provide the following information:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

TODAY'S DATE \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

**OPTIONAL- COMPLETION OF THIS SECTION IS VOLUNTARY**

AGE OF THE PERSON INVOLVED IN THE TRANSACTION:  0 -15  16-25  26-39  40-59  60-75  76-over  
The Office of the Attorney General does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of service and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.