

CONSUMER MEDIATION REQUEST FORM

ANDY BESHEAR
ATTORNEY GENERAL



RETURN TO:
Office of the Attorney General
Office of Senior Protection and Mediation
1024 Capital Center Drive • Frankfort, KY 40601
Hotline: 1-888-432-9257 • FAX: 502-573-7151
www.ag.ky.gov

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

Name Mr Mrs Ms _____

Address _____

City _____ State _____ Zip Code _____ County _____

Home phone _____ Work/Cell Phone _____

Email Address _____

PLEASE NOTE WE ARE UNABLE TO OFFER MEDIATION SERVICES WITHOUT COMPLETE INFORMATION IN THIS SECTION.

Company your complaint is against? _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____

Please fill in this section completely.

Was a contract signed? YES NO (If yes, please attach a copy of your contract)

Where was the contract signed? In your home At the business Other _____

Date(s) of transactions _____ Product/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

If you have retained a private attorney or this matter is pending before or has been decided in the courts, our office will be unable to offer mediation services.

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.

I authorize that the information submitted on this consumer mediation complaint form is true and accurate to the best of my knowledge.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

Please complete this section only if your complaint involves a financial institutions, mortgage /loan concerns, a debt collector, a medical provider or other issues that require a third party authorization. This is a voluntary release of information and is not required to file a mediation complaint, however in order for the business entity to disclose personal information with our office a release is needed.

The undersigned has submitted a consumer complaint and is currently working with the Kentucky Office of the Attorney General through the mediation process and hereby authorizes the company listed below (and its employees) to speak with and discuss my account/loan/mortgage on my behalf with the Kentucky Office of the Attorney General. The parties listed are each authorized to share with the other any and all information concerning my account, including but not limited to, financial information, without further authorization and until this matter is closed by the Office of the Attorney General or the Authorization is revoked.

Name of Company/Agency Authorized to Release Information _____

Account/Loan Number _____

Email address _____

HIPAA Privacy Authorization - Authorization for Use or Disclosure of Protected Health Information

I authorize _____ (healthcare provider) to use and disclose my protected health information to the Office of the Attorney General for use in my consumer mediation complaint.

Signature

Date

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.