



State of Kansas
Office of the Attorney General
CONSUMER PROTECTION DIVISION
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DEREK SCHMIDT
ATTORNEY GENERAL

INVESTIGATIVE REQUEST

WEBSITE:
WWW.KSAG.ORG

INFORMATION ABOUT THE CONSUMER (SIGNATURE ON BACK REQUIRED)

NAME: MR. MS. MRS.	DATE OF BIRTH:
ADDRESS:	APT. #
CITY, STATE, ZIP, COUNTY:	
DAYTIME PHONE #:	REGISTERED ON NO CALL? YES NO
EMAIL ADDRESS:	

INFORMATION ABOUT THE COMPANY YOU ARE REQUESTING WE INVESTIGATE

COMPANY NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE #:
SALESPERSON:
CONTACT PERSON:

INFORMATION ABOUT THE TRANSACTION

DATE OF TRANSACTION:	COUNTY/PLACE OF TRANSACTION:
DID YOU SIGN A CONTRACT? DATE SIGNED:	DID YOU HAVE A VERBAL AGREEMENT?
PRODUCT OR SERVICE INVOLVED:	
AMOUNT PAID: \$ _____ PAID BY: ___ CASH ___ CHECK ___ CREDIT CARD ___ LOAN ___ DIRECT DEPOSIT/TRANSFER	
ARE YOU MAKING PAYMENTS ON A CONTRACT, CREDIT CARD, OR OTHER PAYMENT PLAN PURSUANT TO THIS TRANSACTION? _____ IF SO, LIST THE COMPANY NAME, ADDRESS, AMOUNT(S) PAID, & YOUR ACCOUNT NUMBER:	
FIRST CONTACT BETWEEN YOU & THE COMPANY: ___ PERSON CAME TO MY HOME ___ I TELEPHONED THE COMPANY ___ I RESPONDED TO A RADIO/TV AD/MAILING ___ I WENT TO THE COMPANY'S PLACE OF BUSINESS ___ I RECEIVED A TELEPHONE CALL FROM THE COMPANY ___ OTHER (EXPLAIN)	WHERE DID THE TRANSACTION TAKE PLACE: ___ OVER THE PHONE ___ AT HOME ___ AT THE COMPANY ___ BY MAIL ___ INTERNET TRANSACTION ___ OTHER (EXPLAIN)

I AM A: ___ INDIVIDUAL ___ FAMILY PARTNERSHIP ___ CORPORATION ___ SOLE-PROPRIETOR ___ PARTNERSHIP ___ LLC (IF SO, ARE ANY MEMBERS OF THE LLC NON-FAMILY MEMBERS?) YES OR NO
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HOW COULD THIS HARM BE REMEDIED? ___ REFUND \$ _____ ___ SERVICE PREFORMED ___ PRODUCT DELIVERY ___ OTHER	SPECIFY SERVICE PREFORMED:
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PLEASE COMPLETE BOTH SIDES

