

Kansas Attorney General

Kris W. Kobach

Consumer Protection Division

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INVESTIGATIVE REQUEST

INVESTIGATIVE NEQUEST			
Information About the Consumer (Signature on Back Required)	Information About the Company You Are Requesting We Investigate		
Name: Mr. Ms. Mrs.	COMPANY NAME:		
Address: Apt. #	Address:		
CITY, STATE, ZIP, COUNTY:	CITY, STATE, ZIP:		
DAYTIME PHONE #: REGISTERED ON NO CALL? YES NO	PHONE #:		
EMAIL ADDRESS:	Salesperson: Contact Person:		
Information About the Transaction			
Date of Transaction:	County/Place of Transaction:		
DID YOU SIGN A CONTRACT? DATE SIGNED: PRODUCT OR SERVICE INVOLVED:	DID YOU HAVE A VERBAL AGREEMENT?		
Amount Paid: \$ Payment Method:			
Are you making payments on a contract, credit card, or other If so, list the company name, address, amount(s) paid, & your ac			
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: INDIVIDUALFAMILY PARTNERSHIPCORPORATIONLLC (IF SO, ARE ANY MEMBERS OF THE LLC NON-FAMILY MEMBERS?) YES OR NO	How could this harm be remedied? Refund \$Product DeliveryService PreformedOther Specify service preformed:		

	ACTION YOU HAVE TAKE	
HAVE YOU CONTACTED THE COMPANY?DES	CRIBE RESULT OR EXPLAIN WHY YOU H	AVE NOT CONTACTED THE COMPANY:
HAVE YOU FILED A COMPLAINT WITH THE BETTER	BUSINESS BUREAU OR ANY OTHER AGE	NCIES?
What response have you received?		
Do you know of others with similar experie	NCES WITH THIS SUPPLIER?	
IF YOU ARE BEING REPRESENTED BY AN ATTORNEY TELEPHONE NUMBER:	REGARDING THIS MATTER, PLEASE LIST	THE ATTORNEY'S NAME, ADDRESS AND
HAS LEGAL ACTION BEEN TAKEN BY YOU OR AGAIN STATUS OF ANY LEGAL ACTION:	ST YOU WITH REGARD TO THIS TRANSAG	CTION? IF SO, PLEASE DESCRIBE THE CURRENT
Are you considering filing an action in smal	L CLAIMS COURT?	
De	SCRIPTION OF TRANSAC	TION
PLEASE DESCRIBE THE TRANSACTION IN CHRONOLO	OGICAL ORDER (ADD ADDITIONAL PAGES	S AS NECESSARY).
		
D		
	MENTATION OF THE TRAN	
INFORMATION, RECEIPTS, LETTERS, CHECKS (FRON	T AND BACK), PHOTOGRAPHS, BILLS, A	ing advertising material, contracts, warranty and invoices, etc. Failure to provide ALL rele-
VANT DOCUMENTS MAY CAUSE UNNECESSARY DELADOCUM	-	OTHING TO ATTACH
	Verification	
I am:Over Age 60Partially Disa A Veteran or Surviving SpouseA M	bled Totally Disabled I	lliterateNon-English Speaking ediate Family Member of a Member of the Military
In filing this request, I understand and agree the sent the State of Kansas in enforcing laws designes. I understand that Kansas law limits the period agree that the contents of this request may be foother appropriate agencies, and will become accombine the Attorney General directs this complain	at the Attorney General and his staff ned to protect the public from deception of of time during which I may file an rwarded to the business or person th essible to others under the Kansas O int to release any and all information of, I declare and verify under penalty	are not my private attorneys, but instead repre- ive and unconscionable business acts and practic- y private legal action (s). I further understand and e request is direct against, may be forwarded to pen Records Act. I hereby authorize any party to about this matter, including account information, of perjury and the laws of Kansas that all of the
Signature of Complainant (Rec	(uired)	Date