State of Utah
Department of Commerce
Division of Consumer Protection

Send to:
Utah Division of Consumer Protection
Attention: Complaint Processor
Heber M. Wells Building, 2nd Floor
160 East 300 South, PO Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601 | (801) 530-6001 fax
www.consumerprotection.utah.gov

Consumer Complaint Form

The Division of Consumer Protection is charged with enforcing consumer protection laws. We offer assistance according to those laws. You should not rely solely on the filing of this complaint to resolve your problem. You may need to consult an attorney to determine what remedies may be available to you and any statute of limitations that may apply to your complaint.

Your Information		Company You Are Complaining About	
First Name		Company Name	
Last Name		Other Name or DBA	
Address		Address	
City		City	
State		State	
Zip		Zip	
Daytime Phone		Phone	
Other Phone		Other Phone	
Email		Email	
		Website	

Product, Item, or Service Involved			
Transaction Date		Transaction Amount	
Method of Payment		Amount in Dispute	
		Amount Company Claims Still Owing	

How was initial contact made with the company?

- ☐ Person came to my home
- ☐ I went to the company's place of business
- ☐ I received a telephone call from the company
- ☐ I telephoned the company
- ☐ I received information in the mail
- ☐ I responded to a radio or TV ad
- ☐ I responded to a printed advertisement
- ☐ I responded to a website or email solicitation
- ☐ I attended a trade show, convention, or seminar
- ☐ Other

Where did the transaction take place?

- ☐ At my home
- ☐ At the company's place of business
- ☐ By mail
- ☐ Over the phone
- ☐ Via computer (website or email)
- ☐ Trade show or hotel
- ☐ Other

Did you sign a contract?	Yes ☐ No ☐	Contract Start Date	
Have you contacted the company with your complaint?	Yes ☐ No ☐	Have you contacted an attorney for your complaint?	Yes ☐ No ☐
Who did you speak to at the company?		Name of your attorney	
What is that person's phone number		Attorney phone number	
What was the result of that contact?			

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Details of Complaint:	Please describe your complaint below, including a detailed description of the facts, circumstances, and timeline regarding your transaction. If the space below is not sufficient, please attach your complaint in a separate document.

PLEASE ATTACH YOUR SUPPORTING DOCUMENTATION AND EVIDENCE TO THIS COMPLAINT, SUCH AS **CONTRACTS, RECEIPTS, PROOF OF PAYMENT, ADVERTISEMENTS, EMAILS, TEXTS, WEBSITE SCREENSHOTS, RECORDINGS, PHOTOS, ETC**.
DO NOT SEND ORIGINALS. Materials submitted with your complaint will NOT be returned to you.

DATA PRIVACY NOTICE

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit https://dcp.utah.gov/records.

To comply with legal and regulatory requirements, we may share limited information about your complaint or complaint related documents with authorized parties. This may include government agencies, national databases, and contracted vendors.

Shared information may include your complaint, documents you have provided to the Division, and your name or other direct identifiers.

We may also share aggregated and de-identified data with relevant stakeholders for data analysis and reporting purposes.

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING BELOW

By filing this complaint, I understand that the Division of Consumer Protection is not my private attorney, but represents the public in enforcing the laws designed to protect consumers from misleading or unlawful practices.

I further understand that if I have any questions concerning my legal rights or responsibilities, the Division cannot give me legal advice and I should contact a private attorney.

I understand that this complaint and any documentation or evidence I provide to the Division are records governed by the Utah Government Records Access and Management Act.

I hereby give my consent to the disclosure of the complaint and documentation for purposes related to an investigation by the Division.

I certify that I am filing this complaint on my own behalf or I am the authorized representative filing the complaint on behalf of the complainant.

I understand that my cooperation with the investigation is necessary and that the Division may close its investigation without sufficient cooperation.

☐ **I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signed on the _____ day of _____, _____, at _____, _____.
Date | Month | Year | City or other location | State or Country

Name _____

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