



## Commonwealth of the Northern Mariana Islands Office of the Attorney General

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### Civil Division

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Attorney General

### Criminal Division

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**LILLIAN A. TENORIO**  
Deputy Attorney General

## CONSUMER COMPLAINT FORM

**INSTRUCTIONS:** Please fill out this form as completely as possible and include **COPIES** of supporting documents such as contracts, invoices, receipts, etc. Do **NOT** include originals. If you have available, please include photographs to substantiate any claims. For additional information, please contact the Office of the Attorney General or email [consumer\\_counsel@cnmioag.org](mailto:consumer_counsel@cnmioag.org).

### SECTION 1. Your Information

Last name	First name	Mid. Initial
Mailing address		
Village	Island	Zip Code
Home or Mobile number	Work number	Email Address

### SECTION 2. Name of Company or Individual about Which or Whom You Are Complaining

Full name of company or individual	Name of person(s) with whom you dealt	
Description of Location	Mailing address	
Village	Island	Zip Code
Tel. number	Company's Website Address (if any)	

### SECTION 3. Complaint Information



**SECTION 5. Resolution Attempts You Have Made**

Have you contacted the company or individual? Yes [ ] or No [ ]	If yes, name of person most recently contacted:	Their phone number
Results:		
Have you contacted any other agency or individual regarding this complaint? If yes, please state name of agency or individual.		
What resolution would you consider mutually fair?		
If necessary, would you be willing to testify in court?		

**SECTION 6. Disclaimers and Affidavits**

- By signing this form, you authorize the Office of the Attorney General and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate with regard to your complaint.
- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.
- By signing this form, you acknowledge that this complaint will become part of the Office of the Attorney General's records and you authorize the release of information and documentation relative to this complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail, hand deliver, fax, or email your complaint to:**

**Office of the Attorney General  
Consumer Counsel  
Caller Box 10007  
Saipan, MP 96950  
(670) 664-2349 (fax)  
consumer\_counsel@cnmioag.org**