Case No. CC-				
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Commonwealth of the Northern Mariana Islands

Office of the Attorney General

2nd Floor Hon. Juan A. Sablan Memorial Bldg. Caller Box 10007, Capitol Hill Saipan, MP 96950

Civil Division

Last name

Telephone: (670) 237-7500 Facsimile: (670) 664-2349

EDWARD MANIBUSAN Attorney General Criminal Division

Mid. Initial

Telephone: (670) 237-7600 Facsimile: (670) 234-7016

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.

First name

SECTION 1. Your Information

Mailing address			
Village	Island		Zip Code
Home or Mobile number	Work numbe	er	Email Address
SECTION 2. Name of Company or In	dividual abo	ut 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

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Type of product, item, or service involved (Please provide as much detail as possible e.g., brand, model, serial number, etc.)	Date of purchase/service/contract
Did you sign a contract or a lease? Yes [] or No []	If yes, please indicate the following: Starting date:
If yes, please attach a photocopy of the agreement to this complaint.	Expiration date:
Total amount paid	How was payment made? (Cash, credit card, check, money order, etc.)
Did you receive a receipt for your purchase?	How was the transaction initiated?
Yes [] or No [] If yes, please attach a photocopy of the receipt to this complaint.	 I responded to a written advertisement I responded to a radio/television advertisement I contacted or went to the business The business contacted me Other

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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 agency or individual.	y or individual regarding this complain	t? If yes, please state name of		
agency of individual.				
What resolution would you consider mutually fair?				
If necessary, would you be willing to testify in court?				
SECTION 6. Disclaimers and Affid				
 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.			

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

Signature: _____ Date: _____