

CONSUMER & CONSTITUENT COMPLAINT FORM

HECTOR BALDERAS
ATTORNEY GENERAL



CONSUMER & FAMILY ADVOCACY SERVICES
DIVISION
P.O. DRAWER 1508, SANTA FE, NM 87504-1508
PHONE: 1-844-255-9210 or 1-505-490-4060

INSTRUCTIONS FOR FILING A COMPLAINT

Thank you for contacting the Office of the Attorney General regarding your complaint. Before submitting your complaint, our Division recommends you attempt to remedy or resolve the conflict with the business or entity directly. If you are unable to come to a resolution, you may fill out this form and submit to our office.

Please note that the Consumer & Family Advocacy Services Division does NOT handle complaints regarding criminal issues, child support, divorce, or other domestic relation matters.

TYPE OR PRINT NEATLY AND, SUBMIT COPIES OF ANY RELATED DOCUMENTS

(Please read and initial) I understand that the Division cannot serve as a private attorney for individuals and that any legal action taken by the Division would be on behalf of the public and not to represent personal interests. ____ (initial here)

YOUR NAME __ Mr. __ Mrs. __ Ms.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL ADDRESS: _____

BUSINESS OR ENTITY YOUR COMPLAINT IS AGAINST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

WHAT ACTION WILL RESOLVE YOUR COMPLAINT?

Please fill out this section if your complaint involves a motor vehicle

 NEW USED

DATE OF PURCHASE: _____ VEHICLE IDENTIFICATION NUMBER: _____

MAKE OF VEHICLE: _____ MODEL: _____

MODEL YEAR: _____ STATE OF REGISTRATION: _____, MILEAGE: _____

IF YOUR COMPLAINT INVOLVES VEHICLE REPAIRS, HOW MANY TIMES HAS IT BEEN REPAIRED FOR THE SAME PROBLEM? _____

NAME OF REPAIR SHOP: _____

I affirm that the information above is true to the best of my knowledge and belief. I understand that a copy of this complaint may be sent to the business/entity against whom I am filing this complaint. I understand that if I have knowingly filed false or misleading information, this complaint will be closed by the Attorney General's Office. I further understand that my complaint is a public record and is subject to inspection by members of the public.

SIGNATURE: _____ DATE: _____

If you are an individual with a disability who needs a reader, amplifier, sign language interpreter, or any other form of auxiliary aid or service to complete this form, please contact the Consumer & Family Advocacy Services Division.