

COMPLAINT FORM

OFFICE USE ONLY			
Complaint No.	ID.	Category	Closing Date

Mail to Consumer Complaint S.C. Dept. of Consumer Affairs P.O. Box 5757 Columbia, SC 29250-5757	2221 Devine St. Suite 200 Telephone (803) 734-4200 Toll Free: (800) 922-1594 Fax: (803) 734-4286 E-Mail: scdca@scconsumer.gov www.scconsumer.gov
(Prefix) (Last Name)	(First Name) (Suffix)
(Address)	
(City)	(State) (Zip)
(Residence Telephone)	(Office Telephone) (E-Mail Address)

Give Complete name and address of BUSINESS COMPLAINED AGAINST
(Company)
(Who did you deal with?)
(Address)
(City) (State) (Zip)
(Telephone No.)

1. Have you filed a complaint with any other consumer services agency? Yes No
2. Have you filed a summons and complaint with a magistrate's office? Yes No
3. Is an attorney handling your complaint? Yes No

If you answered yes to any of the above questions, please provide the corresponding name, address and telephone number:

(Name)	(Address)	(City, State Zip)	(Telephone No.)
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Please indicate your age range (optional): 18-35 36-49 50-65 66 & over

NOTE: ATTACH TWO COPIES OF CONTRACTS, RECEIPTS, WARRANTIES, BILL OF SALE, ETC.

Please provide a complete explanation of your complaint:

Date complained to Company: _____
 Response:

What do you want the business to do?

PLEASE SIGN AND DATE THIS COMPLAINT.

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR COMPLAINT AS A PUBLIC RECORD.

_____ DATE

_____ YOUR SIGNATURE