



Consumer Information	
Name:	
Address:	
County:	
Phone:	
Email:	

Business Information The name and mailing address of the business must be provided to proceed.	
Name:	
Address:	
Contact:	
Phone:	
Email:	

**PLEASE INDICATE YOUR AGE RANGE: 17 and Under**  **18-24**  **25-34**  **35-44**  **45-54**  **55-64**  **65-74**  **75-84**  **85+**

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.

**PLEASE ATTACH A COPY OF CONTRACTS, WARRANTIES, CHECKS, BILL OF SALE, ETC.**

**PLEASE DO NOT SUBMIT SENSITIVE INFORMATION SUCH AS SOCIAL SECURITY NUMBERS, ACCOUNT NUMBERS, ETC.**

Complete Explanation of Complaint (Attach additional page(s) as necessary):

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Company Response:

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What do you want the business to do?

PLEASE SIGN AND DATE THIS COMPLAINT. YOUR INFORMATION MAY BE RELEASED AS A MATTER OF PUBLIC RECORD.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**AGENCY COPY**

**How did you hear about the South Carolina Department of Consumer Affairs?**

- Word of Mouth
- Radio
- Referred by a Government Agency
- Referred by a non-government organization
- TV
- Internet Search
- Social Media
- Not Sure

Other \*Please Specify \_\_\_\_\_

<b>Office Use Only</b>	County:
AGE RANGE: 17 and Under <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+ <input type="checkbox"/>	