



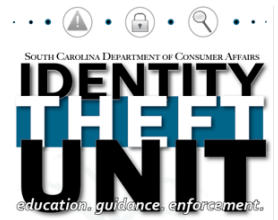
SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

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www.consumer.sc.gov | 800-922-1594

SCAM REPORT FORM



You may complete this form electronically and click the "Submit" button or print and return by mail, fax or email.

Name Mr. Mrs. Ms. _____

Mailing Address _____ City _____

ST _____ Zip Code _____ County _____ Daytime Phone _____

Your Age Range: 17 or under 18-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Preferred Method of Contact: Mail Telephone E-mail _____

Please supply as much information as possible that the scam artist provided.

Name(s) _____

Alleged Company Name _____

Phone Number(s) 1) _____ 2) _____ 3) _____

Address _____ Email _____

City _____ ST _____ Zip Code _____ Website _____

The scammer has contacted you by (choose all that apply). Phone Internet/E-mail Mail Text

Please provide a detailed description of the scam. What did the scammer want from you? How did the scammer want you to pay? What was the scammer offering? You may attach/send additional pages.

Please check if you would to: hear from someone at SCDCA about your report? receive educational materials pertaining to your scam? receive emails on consumer issues from SCDCA?

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release a copy of your scam report as a matter of public record.