

COMMONWEALTH OF KENTUCKY OFFICE OF THE ATTORNEY GENERAL

DANIEL CAMERON ATTORNEY GENERAL 1024 Capital Center Drive Suite 200 Frankfort, Kentucky 40601

Dear Kentucky Consumer:

The Office of the Attorney General works with consumers and businesses to address marketplace concerns.

The mediation services provided by the Attorney General's Office under the Consumer Protection Act assist consumers with problems, complaints, and disagreements over goods or services in the marketplace. Many complaints against businesses are resolved upon notice of the problem to the business by this office.

During our office's preliminary review of your complaint, if your problem is determined to be outside our office's jurisdiction, we will return your inquiry and refer you as efficiently as possible to the governmental agency you should contact for assistance. Should your problem be determined appropriate for mediation, we would initiate contact with the company you have indicated in your complaint and request a written response from the company within 30 days. We would then provide you with a copy of the company's response and work with you to determine if further steps are appropriate. **Should you submit a consumer complaint form and mediation ultimately be explored with the business, please keep in mind that it could take 30-40 days before we can provide you with an update.**

Our office cannot act as a private attorney for any consumer's complaint. If you are in need of immediate legal action, please contact a private attorney, and/or consider Small Claims Court if your disputed claim is less than \$2,500.00 total. If you do not have a private attorney and are not sure where to begin, please consider utilizing one of the Kentucky Bar Association's lawyer referral programs for guidance. Information for the regional lawyer referral programs can be found at: https://www.kybar.org/page/lawreferserv.

Thank you.

SCAMALERTS- Text KYOAG Scam to GOV 311 (468311) to be alerted when scammers are on the attack or visit www.ag.ky.gov.

CONSUMER MEDIATION REQUEST FORM

DANIEL CAMERON ATTORNEY GENERAL	OK FICE OF A TIONANEY GENERAL	RETURN TO: Office of the Attorney General Office of Consumer Protection 310 Whittington Parkway, Suite 101 • Louisville, KY 40222 Hotline: 1-888-432-9257 • Phone: 502-429-7134 FAX: 502-429-7129 • www.ag.ky.gov		
TYPE OR PRINT NEATLY. SUBMIT TWO	O COPIES OF THE COMPLAINT AND TWO	O COPIES OF ANY DOCUMENTS SUBMITTED.		
Name 🗆 Mr 🗆 Mrs 🗆 Ms				
Address				
		County		
		oounty		
Email Address				
PLEASE NOTE WE ARE UNABLE TO O	FFER MEDIATION SERVICES WITHOUT (COMPLETE INFORMATION IN THIS SECTION.		
Company your complaint is against?				
Address				
City Stat	ze Zip	County		
Phone				
Please fill in this section completely.				
Was a contract signed? YES NO (If y				
Where was the contract signed?] Other		
		e Involved		
		Nas product/service advertised □ YES □ NO		
How was service advertised? □Newspaper □TV □Radio □Mail □Phone □Email □Internet □ Other				
What action was taken?				
Have you hired or retained a private attorney If you have retained a private attorney or this ma mediation services.		u started court action?		
What action will resolve your complaint?				

Below, briefly state the facts of your complaint (if necessary, use additional paper). Please attach copies of any papers involved (order blanks, warranties, credit card receipts or statements, contracts, advertisements, canceled checks, etc.). The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky's Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act.

I authorize that the information submitted on this consumer mediation complaint form is true and accurate to the best of my knowledge.

Signature	
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Date

AUTHORIZATION TO RELEASE INFORMATION

Please complete this section <u>only</u> if your complaint involves a financial institutions, mortgage /loan concerns, a debt collector, a medical provider or other issues that require a third party authorization. This is a voluntary release of information and is not required to file a mediation complaint, however in order for the business entity to disclose personal information with our office a release is needed.

The undersigned has submitted a consumer complaint and is currently working with the Kentucky Office of the Attorney General through the mediation process and hereby authorizes the company listed below (and its employees) to speak with and discuss my account/loan/mortgage on my behalf with the Kentucky Office of the Attorney General. The parties listed are each authorized to share with the other any and all information concerning my account, including but not limited to, financial information, without further authorization and until this matter is closed by the Office of the Attorney General or the Authorization is revoked.

Name of Company/Agency Authorized to Release Information

Account/Loan Number	
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Email address

HIPAA Privacy Authorization - Authorization for Use or Disclosure of Protected Health Information

I authorize ______ (healthcare provider) to use and disclose my protected

health information to the Office of the Attorney General for use in my consumer mediation complaint.

Signature

Date

OPTIONAL- COMPLETION OF THIS SECTION IS VOLUNTARY

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: 0 -15 16-25 26-39 40-59 60-75 76-over

The Office of the Attorney General does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of service and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.