



## COMMONWEALTH OF KENTUCKY OFFICE OF THE ATTORNEY GENERAL

**RUSSELL COLEMAN  
ATTORNEY GENERAL**

**1024 CAPITAL CENTER DRIVE  
SUITE 200  
FRANKFORT, KY 40601  
(502) 696-5300**

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 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. You will need to continue to communicate with the business during this process.**

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.

**SCAM** ALERTS- Text KYOAGScam to GOV311 (468311) to be alerted when scammers are on the attack or visit

[www.ag.ky.gov](http://www.ag.ky.gov).

# CONSUMER MEDIATION REQUEST FORM

OFFICE OF THE ATTORNEY 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 COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

Name  Mr  Mrs  Ms \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE NOTE WE ARE UNABLE TO OFFER MEDIATION SERVICES WITHOUT COMPLETE INFORMATION IN THIS SECTION.**

Company your complaint is against? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

*Please fill in this section completely.*

Was a contract signed?  YES  NO (If yes, please attach a copy of your contract)

Where was the contract signed?  In your home  At the business  Other \_\_\_\_\_

Date(s) of transactions \_\_\_\_\_ Product/Service Involved \_\_\_\_\_

Total Price \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Was product/service advertised  YES  NO

How was service advertised?  Newspaper  TV  Radio  Mail  Phone  Email  Internet  Other \_\_\_\_\_

With what other agencies have you filed this complaint? \_\_\_\_\_

What action was taken? \_\_\_\_\_

Have you hired or retained a private attorney?  YES  NO Have you started court action?  YES  NO

*If you have retained a private attorney or this matter is pending before or has been decided in the courts, our office will be unable to offer mediation services.*

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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>AUTHORIZATION TO RELEASE INFORMATION</b>
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*Please complete this section only 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 \_\_\_\_\_

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.*