

FRANCHISE-RELATED COMPLAINT FORM

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1. PLEASE BE SURE TO COMPLAIN TO THE FRANCHISOR **BEFORE** FILING.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE **ENTIRE** FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE **COPIES** OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

INFORMATION ABOUT PURCHASER OR COMPLAINANT (YOU).

YOUR NAME AND BUSINESS NAME	HOME & CELL TELEPHONE NUMBERS:
STREET ADDRESS	BUSINESS TELEPHONE NUMBER:
CITY/TOWN	COUNTY
STATE	ZIP

INFORMATION ABOUT FRANCHISOR OR SELLER.

ARE YOU WILLING TO BE INTERVIEWED BY THIS OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU WILLING TO BE A WITNESS IF FORMAL PROCEEDINGS ARE COMMENCED BY THE NEW YORK STATE ATTORNEY GENERAL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME		
STREET ADDRESS		STATE
CITY/TOWN		ZIP
TELEPHONE NUMBER:		CELL PHONE NUMBER:
DID YOU SIGN A CONTRACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	FRANCHISE FEE AMOUNT PAID: TOTAL INVESTMENT:	HOW WAS FRANCHISE FEE PAID? <input type="checkbox"/> lump sum <input type="checkbox"/> Installments Other _____
WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED:	DID ANY NEGOTIATIONS OR OFFER TAKE PLACE IN NEW YORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT FORM OF RELIEF ARE YOU SEEKING, e.g., RETURN OF FRANCHISE FEE?	LIST ANY ORAL REPRESENTATIONS OR PROMISES MADE TO YOU:	WHAT IF, ANY, MATERIAL STATEMENTS MADE TO YOU WERE UNTRUE?
WAS FRANCHISE INVESTMENT ADVERTISED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE ADVERTISED?	DATE ADVERTISED:
HAS YOUR FRANCHISE EVER OPENED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF OPENED, WHEN DID IT OPEN?	IS YOUR FRANCHISE CURRENTLY OPEN OR CLOSED? <input type="checkbox"/> Open <input type="checkbox"/> Closed IF CLOSED, WHEN DID IT CLOSE?	

DID YOU COMPLAIN TO THE COMPANY OR INDIVIDUAL? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW DID YOU COMPLAIN? <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email	PERSON(S) CONTACTED:	JOB TITLE:
NATURE OF RESPONSE:	DATE OF RESPONSE:	
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes," give name and address)		
IS COURT ACTION PENDING? (Please describe as necessary)		
Briefly describe your complaint and the outcome you want (please attach extra pages if necessary).		
Did someone refer you to this office? <input type="radio"/> Yes <input type="radio"/> No If so, who?		

READ THE FOLLOWING BEFORE SIGNING BELOW.

PLEASE attach PHOTOCOPIES of any relevant documents, such as correspondence, agreements, etc. **DO NOT SEND ORIGINALS.**

NOTE: In order to resolve your complaint we may send a copy of this form to the individual or company about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the individual or company the complaint is directed towards, or to another agency if my complaint is referred to that agency. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under § 175.30 and/or §210.34 of the Penal Law.

Signature _____ Date: _____

- ➔ Remember to enclose COPIES of any documentation with regard to this complaint.
- ➔ Mail to: **OFFICE OF THE NEW YORK STATE ATTORNEY GENERAL**
 Investor Protection Bureau, Franchise Section
 28 Liberty Street
 New York, NY 10005