



Kansas Attorney General

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INVESTIGATIVE REQUEST

INFORMATION ABOUT THE CONSUMER (SIGNATURE ON BACK REQUIRED)

NAME: MR. MS. MRS.

ADDRESS: _____ APT. # _____

CITY, STATE, ZIP, COUNTY: _____

DAYTIME PHONE #: _____ REGISTERED ON NO CALL?
YES NO

EMAIL ADDRESS: _____

INFORMATION ABOUT THE COMPANY YOU ARE REQUESTING WE INVESTIGATE

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

SALESPERSON: _____

CONTACT PERSON: _____

INFORMATION ABOUT THE TRANSACTION

DATE OF TRANSACTION: _____

COUNTY/PLACE OF TRANSACTION: _____

DID YOU SIGN A CONTRACT? _____ DATE SIGNED: _____

DID YOU HAVE A VERBAL AGREEMENT? _____

PRODUCT OR SERVICE INVOLVED: _____

AMOUNT PAID: \$ _____

PAYMENT METHOD: _____

ARE YOU MAKING PAYMENTS ON A CONTRACT, CREDIT CARD, OR OTHER PAYMENT PLAN PURSUANT TO THIS TRANSACTION? _____

IF SO, LIST THE COMPANY NAME, ADDRESS, AMOUNT(S) PAID, & YOUR ACCOUNT NUMBER: _____

FIRST CONTACT BETWEEN YOU & THE COMPANY:

- PERSON CAME TO MY HOME
 I TELEPHONED THE COMPANY
 I RESPONDED TO A RADIO/TV AD/MAILING
 I WENT TO THE COMPANY'S PLACE OF BUSINESS
 I RECEIVED A TELEPHONE CALL FROM THE COMPANY
 OTHER (EXPLAIN) _____

WHERE DID THE TRANSACTION TAKE PLACE:

- OVER THE PHONE
 AT HOME
 AT THE COMPANY
 BY MAIL
 INTERNET TRANSACTION
 OTHER (EXPLAIN) _____

I AM A:

- INDIVIDUAL
 FAMILY PARTNERSHIP
 CORPORATION
 PARTNERSHIP
 SOLE-PROPRIETOR
 LLC (IF SO, ARE ANY MEMBERS OF THE LLC NON-FAMILY MEMBERS?)
YES OR NO

HOW COULD THIS HARM BE REMEDIED?

- REFUND \$ _____
 SERVICE PERFORMED
 PRODUCT DELIVERY
 OTHER

SPECIFY SERVICE PERFORMED: _____

PLEASE COMPLETE BOTH SIDES

