



## Commonwealth of the Northern Mariana Islands Office of the Attorney General

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Saipan, MP 96950

### Civil Division

Telephone: (670) 237-7500  
Facsimile: (670) 664-2349

**EDWARD MANIBUSAN**  
Attorney General

### Criminal Division

Telephone: (670) 237-7600  
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**LILLIAN A. TENORIO**  
Deputy Attorney General

## CONSUMER COMPLAINT FORM

**INSTRUCTIONS:** Please fill out this form as completely as possible and include **COPIES** of supporting documents such as contracts, invoices, receipts, etc. Do **NOT** include originals. If you have available, please include photographs to substantiate any claims. For additional information, please contact the Office of the Attorney General or email [consumer\\_counsel@cnmioag.org](mailto:consumer_counsel@cnmioag.org).

### SECTION 1. Your Information

Last name	First name	Mid. Initial
Mailing address		
Village	Island	Zip Code
Home or Mobile number	Work number	Email Address

### SECTION 2. Name of Company or Individual about Which or Whom You Are Complaining

Full name of company or individual	Name of person(s) with whom you dealt	
Description of Location	Mailing address	
Village	Island	Zip Code
Tel. number	Company's Website Address (if any)	

### SECTION 3. Complaint Information

Type of product, item, or service involved (Please provide as much detail as possible e.g., brand, model, serial number, etc.)	Date of purchase/service/contract
Did you sign a contract or a lease? Yes [ ] or No [ ]  If yes, please attach a photocopy of the agreement to this complaint.	If yes, please indicate the following: Starting date:  Expiration date:
Total amount paid	How was payment made? (Cash, credit card, check, money order, etc.)
Did you receive a receipt for your purchase?  Yes [ ] or No [ ]  If yes, please attach a photocopy of the receipt to this complaint.	How was the transaction initiated?  <ul style="list-style-type: none"><li><input type="radio"/> I responded to a written advertisement</li><li><input type="radio"/> I responded to a radio/television advertisement</li><li><input type="radio"/> I contacted or went to the business</li><li><input type="radio"/> The business contacted me</li><li><input type="radio"/> Other _____</li></ul>

**SECTION 4. Full Description of the Complaint**  
**(Please be as detailed as possible and use additional sheets if necessary)**


**SECTION 5. Resolution Attempts You Have Made**

Have you contacted the company or individual? Yes [ ] or No [ ]	If yes, name of person most recently contacted:	Their phone number
Results:		
Have you contacted any other agency or individual regarding this complaint? If yes, please state name of agency or individual.		
What resolution would you consider mutually fair?		
If necessary, would you be willing to testify in court?		

**SECTION 6. Disclaimers and Affidavits**

- By signing this form, you authorize the Office of the Attorney General and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate with regard to your complaint.
- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.
- By signing this form, you acknowledge that this complaint will become part of the Office of the Attorney General's records and you authorize the release of information and documentation relative to this complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail, hand deliver, fax, or email your complaint to:**

**Office of the Attorney General**  
**Consumer Counsel**  
**Caller Box 10007**  
**Saipan, MP 96950**  
**(670) 664-2349 (fax)**  
**consumer\_counsel@cnmioag.org**