



Commonwealth of the Northern Mariana Islands Office of the Attorney General

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Civil Division

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Criminal Division

Telephone: (670) 237-7600
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EDWARD MANIBUSAN
Attorney General

PRICE GOUGING 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.

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.	Price of product, item, or service prior to the disaster

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:		
What resolution would you consider mutually fair?		

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.

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**