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STATE OF NEW YORK  
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BUREAU OF CONSUMER FRAUDS AND PROTECTION  
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## COMPLAINT FORM

Consumer Hotline For Hearing Impaired  
1 (800) 771-7755 TDD (800) 788-9898  
<http://www.oag.state.ny.us>

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL 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.

### CONSUMER

YOUR NAME	HOME TELEPHONE NUMBER		
STREET ADDRESS	BUSINESS TELEPHONE NUMBER		
CITY/TOWN	COUNTY	STATE	ZIP
New York		NY	

### COMPLAINT

NAME OF SELLER OR PROVIDER OF SERVICES	T-Mobile	NAME OF OTHER SELLER OR PROVIDER OF SERVICES			
STREET ADDRESS	PO Box 37380	STREET ADDRESS			
CITY/TOWN	Albuquerque	STATE	NM	ZIP	87176
TELEPHONE NUMBER	1-888-537-4242	TELEPHONE NUMBER			
DATE OF TRANSACTION	November 21 2006	COST OF PRODUCT OR SERVICE	\$ variable	HOW PAID (Check those which apply)	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <u>Monthly Bill</u>
DID YOU SIGN A CONTRACT?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE DID YOU SIGN THE CONTRACT?	T-Mobile 107 Madison Ave, NYC, 10017	DATE SIGNED	November 21 2006
WAS PRODUCT OR SERVICE ADVERTISED?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE WAS IT ADVERTISED?		DATE ADVERTISED	

TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)

Attempted enforcement of non-existent contract

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL	PERSON CONTACTED	JOB TITLE
Multiple <input checked="" type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> In Person	Cust Serv, Legal	Supervisors, et al
NATURE OF RESPONSE	DATE OF RESPONSE	
"The runaround"		
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IS COURT ACTION PENDING? (Please describe as necessary)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

### ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT	N/A	PRODUCT MODEL OR SERIAL NUMBER
ADDRESS	WARRANTY EXPIRATION DATE	
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE