ATTORNEY GENERAL ANDREW M. CUOMO
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
The Capitol
Albany, NY 12224-0341
Tel. (518) 474-5482   Fax (518) 474-3618

COMPLAINT FORM

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

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

CONSUMER

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

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	CITY/TOWN STATE ZIP
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) ☐ Cash ☐ Check ☐ Credit Card ☒ Other Monthly Bill

DID YOU SIGN A CONTRACT? ☐ Yes ☒ No	WHERE DID YOU SIGN THE CONTRACT? T-Mobile 107 Madison Ave, NYC, 10017	DATE SIGNED November 21 2006
WAS PRODUCT OR SERVICE ADVERTISED? ☐ Yes ☒ 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-existant contract

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL Multiple ☒ By Mail ☒ By Telephone ☐ In Person	PERSON CONTACTED Cust Serv, Legal	JOB TITLE Supervisors, et all
NATURE OF RESPONSE "The runaround"		DATE OF RESPONSE

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)
☐ Yes   ☒ No

IS COURT ACTION PENDING? (Please describe as necessary)
☐ Yes   ☒ 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)
☐ Yes   ☐ No _____

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

S 00:NY (4/04)