



CONSUMER COMPLAINT FORM

CONSUMER INFORMATION

Your Full Name _____
Address _____
City/State/Zip _____
Are you age 18 or older? Yes No E-mail Address _____
Home Phone () _____ Work Phone () _____
The best place and time to reach you from 8 a.m. to 5 p.m. is at work or home (circle one) at _____ (time).

COMPANY OR INDIVIDUAL ABOUT WHOM YOU ARE COMPLAINING

Company Name _____
Address _____
City/State/Zip _____
Telephone () _____
List the names of any individuals with whom you have had contact _____

ACCOUNT INFORMATION

Your account name (as company has it) _____
Your account number (as company has it) _____
Did you sign any papers? Yes No
Were they signed **at your home**? Yes No
Were you given a copy? Yes No

COMPLAINT INFORMATION

All complaints and accompanying information are presumed to be open records unless excepted pursuant to TEX. GOVT. CODE § 552.101 et seq. Information and records not excepted must, by law, be given to anyone who requests them.

Explain your complaint fully by attaching a description of the events in the order in which they happened. Enclose copies of all documents that relate to your complaint.

Have you contacted an attorney relative to this complaint? Yes No
Is there a court action pending? Yes No
What do you believe would be a fair resolution to this matter? _____

How did you find out about the OCCC? _____

By signing my name I affirm that the information provided on this form (and any attachments) is accurate to the best of my knowledge and I authorize you to relay this information to the individual or company about which I am complaining. If my complaint concerns violations of state or federal law outside OCCC jurisdiction, it may be forwarded to the appropriate agency.

Signature _____ Date _____

Note: You may either mail this form or return it as an attachment via e-mail. A signature is not required for those forms returned via e-mail, however, choosing to return the form via e-mail will also be considered an affirmation of the statements above.