CONSUMER COMPLAINT PROCESS

If you made a purchase and are dissatisfied with the transaction, it is up to you to take action. To aid in your assistance your counselor or legal assistance attorney will need you to do the following:

1. Provide a full narrative or statement of events in chronological order within two days of your appointment. Include full names of the persons you interacted with and the dates and times of each event leading up to and after the transaction. Fully describe locations, vehicles, items, conversations, and events.

2. Obtain and retain all documents related to your case. Make copies of the documents and submit them with your statement.

3. As part of the resolution process it may be necessary to release your name and/or the facts of your case to various private, state or federal individuals, companies or agencies. By signing this form and providing your personal information you agree to the release of this information as needed to resolve your case.

4. Complete an Armed Forces Disciplinary Control Board (AFDCB) Complaint form. Your command should submit the complaint form to the AFDCB AT CNRMA. A copy of the form must be turned into your attorney. A copy of the complaint form is attached.

5. In addition to the above procedures it is helpful if you also complete the steps below:

   A. complaint form with the Better Business Bureau at www.bbb.org. The BBB tracks complaints for the military and also rates businesses. You should check with the BBB before using a business to verify the business customer compliance standing.

   B. File a complaint with the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/complaint/

   C. Complete an electronic complaint form with the State Attorney General’s Consumer Complaint office at:

6. Clients seeking legal assistance should contact the office at ________________ for an appointment and bring a copy of their statement, complaint form and on line complaints to the appointment.

I understand that my statement and name may be released and would like assistance with my case.

_____________________________  __________________
Signed                        Date
To: President, Armed Forces Disciplinary Control Board

Via: (1) Commanding Officer, _______________________________
     (2) Command Legal Officer

Subj: COMPLAINT ON BUSINESS IN CIVILIAN COMMUNITY

Ref: (a) COMNAVREG MIDLANT/SOPA(ADMIN) HRINST 1620.1

1. Per reference (a), I am submitting this complaint for your information/action.

COMPLAINANT’S PERSONNEL INFORMATION

Name: ___________________________________________
Rate/Rank: _____________________________________
Armed Force: ____________________________________
Telephone: ______________________________________
E-mail: _________________________________________

REASON FOR COMPLAINT (please check one):

___ Lack of discipline and order
___ Law violations
___ Prostitution and venereal disease
___ Narcotics, drug abuse, and drug abuse paraphernalia
___ Sanitation problems
___ Health and safety hazards
___ Unethical business practices (unscrupulous merchants)
___ Illicit gambling and vice
___ Discriminatory practices
___ Predatory Lending - Pay day Loans, Auto Loans, Title Loans, Income Tax Refund Loans

NAME OF BUSINESS/ORGANIZATION:______________________________________________
BUSINESS/ORGANIZATION ADDRESS:____________________________________________________
PHONE NUMBER: ________________________________________________________
POINT OF CONTACT (IF AVAILABLE): ____________________________________________

YOUR NAME: _____________________________________________________________
YOUR COMMAND: _____________________________________________________________
YOUR PHONE NUMBER: _______________________________________________________
YOUR E-MAIL ADDRESS: _______________________________________________________

HAS YOUR COMMAND ATTEMPTED TO CORRECT THE PROBLEM?   YES NO
H ave you sought legal assistance YES NO
I f yes who was your attorney
H ave you contacted the better business bureau? YES NO
I s there another military member who has experienced similar problems with this business/organization? YES NO
I f yes, name and command of individual) ________________________________
Describe your complaint in detail below. Provide a complete chronology of the event that is the basis for your complaint. Include, dates of events, witnesses, and names and phone numbers for persons contacted. If you need additional space, continue on reverse side or attach additional pages.

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Signed _________________________________________

By submitting this statement I agree to the release of this information and my name to the persons and entities identified in my statement and to state and federal agencies.