



INSTRUCTIONS FOR FILING A CONSUMER COMPLAINT

Thank you for contacting The New Mexico Attorney General's Office regarding your consumer complaint. Enclosed is a consumer complaint form. Before submitting your complaint, our Division recommends you attempt to resolve the problem yourself. Contact the manager or supervisor of the business. Express, in reasonable tones, your dissatisfaction with the transaction. Have a clear plan of how the business can resolve the conflict. For example: a partial or total refund or even an exchange for new merchandise. If the manager or supervisor does not accept your proposal, ask him/her what can be done to resolve your complaint.

If these steps do not satisfactorily resolve your complaint, you may submit the attached complaint form to our Division. Please do the following:

1. Fill out the form completely using a **black ink pen or typewriter. Do not use blue ink as it does not photocopy well.**
2. When your complaint form is completely filled out, copy it and attach **two copies** of any documents necessary to explain or identify the transaction, such as sales receipts, invoices, contracts, newspaper advertising, etc. Please make sure you provide **two copies** of the form and attachments so that we can process your complaint. Also note that all documents and other materials submitted to our office become property of the State of New Mexico. We recommend that you send copies instead of the originals; please do not send items such as photographs or tapes.
3. Return the two copies of the complaint form and attachments to our Office.

When we receive your completed complaint form and attachments, we will review the information to determine if your complaint falls within the jurisdiction of our Office. If we do not have jurisdiction, we will make every effort to refer your complaint to an agency that may be able to help you. For instance, the Consumer Protection Division cannot handle complaints against public entities or where the complainant is not a consumer as defined in the New Mexico Uniform Trade Practices Act. **A LIST OF COMPLAINTS THAT OUR OFFICE HANDLES AND DOES NOT HANDLE HAS BEEN ATTACHED FOR YOUR CONVENIENCE.**

If it is determined that our Office has jurisdiction, the complaint will be reviewed by our Division's staff. Once we have an opportunity to review your complaint and determine the appropriate action, our Division will inform you that: (1) we will take no action, keep the complaint on record and inform you of the reasons for not taking any action on the matters in your complaint; (2) we will initiate negotiations to try and resolve the dispute; or/and (3) our Division's staff will make a further review to determine what litigation action, if any, is appropriate.

If our Division determines that it is appropriate to begin the complaint resolution process, we will inform the business of your complaint and provide it with copies of the complaint and attachments. The business will be

asked to respond to the complaint. We will keep you informed about the progress of our negotiation efforts. If the negotiation is successful we will help to facilitate the resolution of your complaint and arrange for any exchange, adjustment, refund or any further services as agreed upon.

The Attorney General and the Consumer Protection Division cannot act as a private attorney, give you legal advice, or represent you individually in litigation in court. Even in the complaint resolution process, we do not act as the consumer's attorney. Consumer laws in New Mexico allow for the private and individual right of action and anyone can file a consumer claim in court. The Attorney General initiates legal action on behalf of the State only when there is a pattern of consumer fraud affecting a significant number of consumers. The Attorney General is authorized to intervene only on behalf of the public in general.

LIST OF COMPLAINTS ACCEPTED

Before you fill out the attached complaint form, please refer to the list below to determine if your complaint falls under the jurisdiction and authority of the Consumer Protection Division of the New Mexico Attorney General's Office. If you have any questions please do not hesitate to contact our Office at 1-800-678-1508.

The type of complaints our Division handles:

- Auto Sales- new or used automobiles
- Mobile Home Sales
- Auto Repairs
- Disputes with Collection Agencies
- Extension of Credit- including Payday and Car Title Loans, Mortgages, and Retail
Installment Contracts
- Retail Sales
- Home Building and Home Improvement Repairs
- Sale of Warranties
- Games and Contests

The type of complaints our Division does NOT handle:

- Complaints against other Governmental Entities
- Child Support Disputes
- Divorce, child custody and visitation and other domestic relations matters
- Criminal Issues
- Disputes of homeowner's association members with their association
- Disputes between individuals not involving a business
- Disputes purely involving the sale of land
- Collection of a Debt

The type of complaints our Division will refer to another agency or entity:

- Disputes with Utilities Companies
- Disputes with Cellular Companies
- Insurance Disputes
- Landlord/Tenant Disputes

If your matter does not fit perfectly into any of these categories, please call us at 1-800-678-1508 to discuss your problem with one of our Consumer Advocates before you file your complaint. We appreciate your interest and concern in contacting the Office of the Attorney General and look forward to hearing from you.

FOR OFFICIAL USE ONLY

AG CODE

KEY CODE

ATTORNEY GENERAL GARY K. KING
Procurador General del Estado Gary K. King
Consumer Protection Division/*División de Protección al Consumidor*
P.O. Drawer 1508, Santa Fe, NM 87504
1-800-678-1508 / (505) 827-6060

If you are an individual with a disability requiring assistance with this form, please see last page for options.

Si usted es un individuo con alguna incapacidad que requiere ayuda para completar esta forma, favor de referirse a la última página para más opciones.

Please indicate how you were referred to this office to file this complaint:

Por favor indique cómo y quien lo refirió a archivar esta queja en esta oficina:

I am filing this complaint to notify the Attorney General's Consumer Protection Division of a dispute with the company referenced below and to request its assistance in resolving this matter. I understand that the Division cannot serve as a private attorney for individuals and that any legal action taken by the Division would be on behalf of the public and not to represent only my interests.

Archivo esta queja para notificarle a la División de Protección al Consumidor de la Oficina de la Procuradora del Estado de la disputa con el negocio mencionado en la información que sigue y para pedir asistencia en resolver este asunto. Entiendo que la División no puede servir como abogado privado de individuos y que cualquier acción legal que tome sería de parte del público en general y no representando solo mis intereses.

PLEASE TELL US ABOUT YOURSELF

[Información del consumidor]

Name _____
[Nombre del Consumidor]

Address/Dirección _____
[Dirección del Consumidor]

City _____
[Ciudad, Estado y Zona Postal]

State _____ Zip _____

Phone
Work/Trabajo _____ Home/Casa _____
Cell/Celular _____

COMPLAINT IS AGAINST:

[Queja en contra de que negocio]

Business Name _____
[Nombre del Negocio]

Address/Dirección _____
[Dirección del Negocio]

City _____
[Ciudad, Estado y Zona Postal]

State _____ Zip _____

Contact Person _____
[Dueño o representante del negocio]

Telephones _____
[Teléfonos del negocio]

1. First contact between you and the business:
[Primer contacto entre usted y el negocio]

- Person came to my home
[Representante vino a mi casa]
- I went to company's place of business
[Fui al lugar del negocio]
- I received a telephone call from business
[Recibí una llamada por teléfono del negocio]
- I telephoned the business
[Llamé por teléfono al negocio]

- I received information in the mail
[Recibí información en el correo]
- I responded to radio/television ad
[Respondí a un anuncio de radio o TV]
- I responded to printed advertisement
[Respondí a un anuncio por escrito]
- Other/otro _____

2. Where did the transaction take place?
[¿Dónde se llevó a cabo la transacción?]

- At home/en casa
- At business/en el negocio
- By mail/por correo
- Over the phone/por teléfono

- Other/otro _____

3. Date(s) of Transaction(s) _____
[Fecha (s) de transacción]

4. Did you sign a contract?
[¿Firmó usted un contrato?]

- Yes - enclose a copy
[Si-incluya una copia]
- No

5. Amount of payment [Cantidad y forma de pago]: \$ _____ Cash/efectivo Credit Card/tarjeta de crédito Loan/préstamo Lay-a-way/ apartado, Check/ cheque

Date check was cashed (from bank statement): _____
[Fecha en que cambió su cheque: (del estado de cuenta del banco)]

Have you contacted the credit card company to request credit to your account? Yes/Si No
[¿Se ha comunicado con la compañía de la tarjeta de crédito para pedir que le acrediten su cuenta?]

6. Have you complained to the business? Yes/Si No If yes, when _____
[¿Se ha quejado usted con el negocio? Si contestó que sí, cuando?]

What was the business' response? _____
[¿Cual fue la respuesta del negocio?]

7. Have you filed a complaint with another agency? _____ If so, which agency? _____
[¿Ha puesto una queja con otra agencia? Si así es, ¿con cual agencia?]

What action was taken? _____
[¿Se tomó alguna acción?]

PLEASE FILL OUT THIS SECTION IF YOUR COMPLAINT INVOLVES A MOTOR VEHICLE
FAVOR DE LLENAR ESTA SECCION SI SU QUEJA SE TRATE DE UN VEHICULO

Date of purchase/*Fecha de compra*: _____
Vehicle Identification Number/*Número de Identificación de Vehículo*: _____
License Number/*Número de Licencia*: _____
Make of Vehicle/*Fabricante* _____ Model/*Modelo*: _____
State of Registration/*Registración de Cual Estado*: _____
Model Year/*Año de Modelo*: _____
 New/*Nuevo* Used Mileage/*Usado-Kilometraje* _____

If your complaint involves vehicle repairs, how many times has it been repaired for the same problem?
Si su queja se trata de reparación de vehículos, ¿cuantas veces lo ha llevado por el mismo problema? _____

What is the problem?/*¿Cuál es el problema?*

How many days has it been in the shop?/*¿ Cuantos días ha estado en el taller?* _____

I have read the preceding information and it is true to the best to my knowledge and belief. I understand that a copy of this complaint will be sent to the person or company against whom I am filing this complaint. I understand that if I have knowingly filed false or misleading information, this complaint may be closed by the Attorney General's Office. I further understand that my complaint is a public record and is subject to inspection by members of the public.

[Yo he leído la información en esta forma y toda la información es cierta según mi conocimiento y creencia. Entiendo que esta copia de esta queja será enviada a la persona o negocio de la cual me quejo. Entiendo que si archivo información falsa, esta queja será retirada y cerrada por la oficina de la Procuradora General. Entiendo que mi queja es un documento público y que está sujeta a la inspección de cualquier miembro del público.]

Signature _____
[Firma]

Date _____
[Fecha]

If you are an individual with a disability who needs a reader, amplifier, sign language interpreter, or any other form of auxiliary aid or service to complete this form, please contact the Consumer Protection Division at 1-800-678-1508 or (505) 827-6060 and/or 1-800-597-4327 TTY. This complaint form can be provided in various accessible formats.

[Si usted es un individuo con alguna incapacidad que requiere alguna forma auxiliar o servicio para completar esta forma, incluyendo lector, amplificador, intérprete de lenguaje de señas, por favor comuníquese con la División de Protección al Consumidor al número gratis de 1-800-678-1508 o al (505) 827-6060 o al 1-800-597-4327 TTY. Esta forma puede ser reproducida y disponible en varios formatos mayores accesibles.]

What type of sign language interpreter? *¿Que tipo de intérprete de lenguaje de señas requiere?*

ASL PSE English/Ingles Oral

What type of assistive listening device to you require? *¿Que tipo de aparato para ayudarle a oír requiere?*

Pocket Talker/Aparato de Bolsillo FM System/Sistema de FM
 Personal Loop/Lazo personal CART