

**GENERAL OTHER**

Minnesota Market Assurance Division Consumer Complaint Form  
(This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Market Assurance Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

**1. Complainant**

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Who is the complaint against?**

Name of Company, Person, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Person, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Person, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

**3. Type of Industry Involved (pick one)**

Abstractor       Adjuster       Appraiser       Beauty Salon  
 Collection Agency       Currency Exchange       Franchise       Notary  
 Money Transmitters       Other (please specify) \_\_\_\_\_

**4. Reason for Complaint (check one or more)**

Sales / Service       Misrepresentation  
 Contract / Policy Dispute       Unlicensed / Unregistered Activity  
 Licensing / Registration Status or Question  
 Other (please specify) \_\_\_\_\_

