



**Office of the Attorney General of American Samoa**  
**Consumer Protection Bureau**

Consumer Complaint Form

The information that you provide in this form will help us evaluate your complaint. Please answer the questions in English as best as you can and write legibly using ink only. We can assist you when filling out the form if you need it. Please attach copies (not originals) of all agreements, contracts, letters/correspondence, and receipts relation your complaint.

Whether or not we agree to take action against the company, we will contact you. If it is determined that action against the company is warranted, we will initiate an investigation and advise the company about your complaint. If we need further information, we will contact you. You will receive copies of all correspondence relating to your complaint as it progresses. If you resolve the matter, please contact us so that we can close our file.

Consumer Information		Business Information
Name:		Name:
Address:		Village:
Village:		Approximate location w/in village:
Home Phone	Work Phone	Business/Cell Phone Number:
Email address:		Name of person you dealt with:
Age:		Name of Owner (if you know)

1. Give a general description of transaction	2. Name of Person & Position of person you dealt with.
3. Date(s) of transaction(s)	4. Did you sign a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How much did you pay?	6. How did you pay? <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Debit
7. Describe your complaint in detail – attach extra sheets if needed	

Please return this form to the Office of the Attorney General –  
P.O. Box 7, Pago Pago, American Samoa 96799  
or hand deliver it to the  
Office of the Attorney General, 3<sup>rd</sup> Floor of the Executive Office Building

Please return this form to the Office of the Attorney General –  
P.O. Box 7, Pago Pago, American Samoa 96799  
or you can hand deliver it to the  
Office of the Attorney General, 3<sup>rd</sup> Floor of the Executive Office Building

--

8. *Have you complained to the business?*  No  Yes *If yes, when?* \_\_\_\_\_

9. *What was the response from the business?*

10. *Have you sued the company in relation to this matter?*

11. *Have you consulted with a private attorney regarding this matter?*  No  Yes *If yes, when?* \_\_\_\_\_

The law(s) of American Samoa prohibit(s) us from giving you legal advice or opinion as your personal attorney. If you desire or need legal advice, contact a private attorney to discuss your complaint.

By signing below, I understand that the Attorney General, or his designee, does not present private citizens seeking the return of their money or other personal remedies.

The above statements are true and accurate to the best of my knowledge.

**Signature:**

**Date:**

**OFFICE USE ONLY**

**Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**File No:** \_\_\_\_\_