

## **CONSUMER COMPLAINT FORM**

Office of the Indiana Attorney General

Case Number: 11371974

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

1. YOUR INFORMATION	2. WHO IS YOUR COMPLAINT AGAINST?			
Mr.   Mrs.   Miss   Ms.   Dr.	Name/Firm Abbey INN Sovites  Address 911 Sam's Hill Road  City Mash Ville state TAD  ZIP 47448 County BROWN  Phone (812) 988-2377  E-mail INFO @ abbly-inn.com  Person you dealt with FRONT DOSK LAPOUR.  NO Answer when theo to rontact.			
ARC TO MAKE SALES AND CONTROL OF MAKE SALES AND		le	20 PM	
4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING	G ABOUT TAKE PL	ACE? (Check box y	vhen applicable) 💈	
4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)  At the firm's place of business  My home  By Internet/e-mail  Away from the firm's place of business (work, convention, etc.)  By telephone  APR 2 1 2016  ATTORNEY GENERAL OF INDIANA				
5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FI	RM?	CONS	UMER PROTECTION	
☐ I telephoned the firm ☐ I responded to a TV/radio ad ☐ A person came to my home ☐ I received information by e-mail ☐ Treceived information in the mail	☐ I received a ☐ I responded	firm's place of busir telephone call from t to an offer on the Int to a printed advertise	he firm ernet	
6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBL	BLIC? 7. WHAT WAS THE TRANSACTION FOR?			
The nature and status of your complaint and the name of the firm?  Yes No Your name? Yes No My business My family/household My farm			sehold	
8. HOW DID YOU PAY?	17,617		AFFECT TO	
☐ Cash ☐ Credit Card ☐ Medicaid ☐ Check ☐ Installment Loan ☐ Medicare	□Private □Other	e Insurance		
9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTAC	CH A COPY OF TH	E AGREEMENT.	□Yes □No	
They Skid I DIP BUT ALL I seen was	Receipt Fo	or Room Ren	Hal I Signal.	
For Office Use Only: Ind Prac PL MO NL N	J OA:	Inv. Sec	File #	

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	□Yes	<b>L</b> No
When? CAN'T Get in Contact When you try to call		
11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?		
When? Action taken?		
12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?	□Yes	□No □
13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	☐Yes	<b>□</b> ₩6
14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	□Yes	□40
15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$ 350.00		
16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)		
Was unkept fit Diont work Right had to use fan All Next tay went to leave know one there had to put Box unable to Speak to anyone. I went online Left the Place was like Next thing I know they had ta ADDITIONA! \$350.00 pp. From My Checking Account. I Reci Mail By Szakaly Law office Saying I caused Damage to the By leaving Review online. From Dispute with My Bawk they in 17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED? TO What Lawyer Sent the I would like my money Returned to my Account that taken. Im Not the ONLY Once this has happened	Meys are Letter buils will Not Rem.)	ad me er etc. IN DROP U What IN ALES etun Beca
are other complaints on medsited others they have taken from.		
18. CONSENT AND VERIFICATION		
I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Described any information in furtherance of the disposition of this complaint. I consent to the release of information include other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcem I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection provide my Social Security Number in accordance with Yamaha accordance with Yamaha accordance with Social Security Number in accordance with Social Security Number in accordance with Social Security Number in Social Security Number in accordance with Social Security Number in	ed in this compl nent. n Division. If I do	aint to

## WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

## MAIL COMPLETED FORMS TO:

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
www.IndianaConsumer.com