



Wyoming Department of Agriculture

2219 Carey Avenue

Cheyenne, Wyoming 82002-0100

Phone: 307-777-7324

Fax: 307-777-6593

CONSUMER COMPLAINT FORM

Your Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Person/Business Complained Against:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Transaction Information:

Date of Transaction: _____ Time of Transaction _____

Name of Person with Whom You Dealt With: _____

Product or Service Involved: _____

Did You Sign a Written Agreement? _____ Did You Receive a Contract or Receipt? _____

- *Attach Copies of any agreements, contracts or receipts.*

Have You Tried to Resolve This Issue With the Company? _____

If Resolution Has Been Attempted, Please Provide the Name and Contact Information of the Person With Whom You Dealt With:

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Consumer Complaint Checklist

1. Provide the Complete Name, Address and Telephone Number of the person and/or company on which your complaint is based.
2. Answer the Question of What You Consider To Be a Fair Resolution Regarding This Issue.
3. Mail the Original of this Form to the Following Address:
 - Wyoming Department of Agriculture
 - 2219 Carey Avenue
 - Cheyenne, Wyoming 82002-0100
4. Send ONLY copies of all other documentation. Do not send the originals.
5. Staple copies of any accompanying document to the original complaint form.
6. Retain a complete copy of the complaint form and all documentation in your files.

Note: Not all complaints are able to be resolved by this office, but your complaint will be reviewed, a response provided, or forwarded onto the appropriate agency for investigation. The resolution of a complaint is a shared responsibility that requires time, patience and flexibility. All of which is dependent upon the nature of the complaint and the resources required to investigate said complaint.

In order to resolve your complaint as quickly as possible, please follow these guidelines.

Thank You!