



# ALABAMA PRIVATE INVESTIGATION BOARD

## CONSUMER COMPLAINT FORM



<b>Your Name:</b>	Mr. _____ Ms. _____	(Last Name)	(First)	(Middle)
<b>Your Address:</b>	_____			
	(Street)			
	_____	_____	_____	_____
	(City)	(County)	(ST)	(Zip)
<b>Your Home Telephone:</b>	( ) _____	<b>Telephone you can be reached during the day:</b>		
	( ) _____	( ) _____		
<b>E-mail:</b>	_____			

Whom do you wish to complain about?

Name: \_\_\_\_\_

Organization : \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(ST)

(Zip)

(Telephone Number)

To Whom did it happen? To you  To a member of your family

Please Identify: \_\_\_\_\_

Did anyone witness what happened? Yes  No

Who? (Give Name): \_\_\_\_\_

Could this witness confirm your story? Yes  No

Would witness be willing to testify? Yes  No

Would you be willing to testify if necessary? Yes  No

Do you have any bills, forms, or other written evidence that concern this complaint? Yes  No

If yes, please send **copies** of the related papers along with this form, DO NOT send originals.

**Note: Please attach any additional pages describing the details of this complaint as needed.**

All information I have given in this complaint is true, correct, and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Return to: The Alabama Private Investigation Board (APIB)

P.O. Box 241206

Montgomery, AL 36124-1206

Contact:

Phone: 334.215.0693

FAX: 334.274.0684

E-mail: [apib@leadership-alliance.org](mailto:apib@leadership-alliance.org)