



ALABAMA PRIVATE INVESTIGATION BOARD



CONSUMER COMPLAINT FORM

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

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)

60 Commerce Street Suite 1440

Montgomery, AL 36104

Contact: Phone: 334.801-9575 FAX: 334.801-9579 E-mail: theaustingroupapib@gmail.com