

Consumer Protection & Fraud Division

Office of Genesee County Sheriff
1002 S. Saginaw, Flint, MI 48502
(810) 341-5923 Fax (810) 257-3077
E-Mail cps@co.genesee.mi.us

Robert J. Pickell, Sheriff

David S. Leyton, Prosecuting Attorney

This document contains two forms. The “Authorization” form that authorizes third parties the release of information pertinent to your complaint to Consumer Protection. The “In Your Own Words” form on which we ask you to fill in necessary information relating to the complaint and to describe, in your own words, the basis for your complaint. Please be as detailed and specific as possible.

Print and complete the forms

Please **sign** and **date** each form.

Please include **copies**, no originals, of documents associated with the complaint.

You may mail or fax the completed forms to Consumer Protection.

Mail to:
Consumer Protection
1002 S. Saginaw St.
Flint, MI 48502

Fax to:
Consumer Protection
(810) 257-3077

When your forms are received, an investigator and a complaint number will be assigned to your case and the investigator will contact you.

Thank you for contacting the Consumer Protection & Fraud Division. We look forward to being of service to you.

Sincerely,

Consumer Protection

Consumer Protection & Fraud Division

Office of Genesee County Sheriff
1002 S. Saginaw, Flint, MI 48502

Robert J. Pickell, Sheriff
David S. Leyton, Prosecuting Attorney

Authorization for Release of Information

Complaint Number _____

YOU ARE HEREBY AUTHORIZED and requested to release to my Consumer Protection Advocate, Office of Genesee County Sheriff, 1002 S. Saginaw St., Flint, MI 48502, or any representative thereof, all information or reports concerning:

Name of Business(s) Account(s) Individual(s)

You are also authorized to furnish, if requested photostatic or other copies of complete records to said representative, or to release said records to the Consumer Protection Investigator for copying.

A true and exact photostatic copy of this authorization shall have the same effect as the original.

(Signature)

(Date)

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Please return the completed complaint form to:
Genesee County Consumer Protection & Fraud Division
1002 S. Saginaw St. Flint, MI 48502

Complaint Number _____ Date of Incident _____

Name: _____ Address _____
Street City State Zip

Home Phone _____ Business Phone _____ Best Time To Call – A.M./P.M.

Name of Company/Firm Complaints Against _____

Address _____ Telephone _____
Street City State Zip

Name of Product/Service Involved _____

Transaction Date _____ Place of Transaction _____

Salesperson(s) _____

Is There a
Signed Contract _____ Have you complained to the Company?
Warranty _____ NO _____
License involved _____ YES _____
Pending Court _____ To Whom _____

What do you consider a Fair
Settlement? _____

IN YOUR OWN WORDS, EXPLAIN FULLY IN THE ORDER THAT THEY OCCURRED: Who, What, When, Where, How and Why. Add additional pages as necessary. Attach copies of all supporting documents.

My Signature Authorizes Consumer Protection to Investigate This Complaint

SIGNATURE

DATE