

AUCTION COMPLAINT

ND PUBLIC SERVICE COMMISSION
SFN 58821 (May 2008)

Please Print or Type

Name of Person Filing Complaint	Telephone Number(s)		
Mailing Address	City	State	Zip Code

Name of Auctioneer/Auction Clerk Complained Against	Telephone Number(s)		
Mailing Address	City	State	Zip Code

Describe the facts/circumstances of your complaint in complete detail below, including any attempts to rectify the situation with the auctioneer and/or auction clerk. Provide dates, names, addresses, and phone numbers of individuals involved.

[illegible]

Additional information may be provided on a separate sheet of paper and attached to this form.

Did you sign a written contract? <input type="checkbox"/> NO <input type="checkbox"/> Yes - If Yes, attach a copy.
Were there any witnesses? <input type="checkbox"/> NO <input type="checkbox"/> Yes - If YES, attach a list of name(s), address(es) and phone number(s). <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
Have you consulted an attorney? <input type="checkbox"/> NO <input type="checkbox"/> Yes - If Yes, please provide name, address, and phone number below. <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
Is any court action pending or completed? <input type="checkbox"/> NO <input type="checkbox"/> Yes - If Yes, please identify below. <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

By signing this form, I certify that the statements contained in this complaint are true and accurate to the best of my knowledge. (<u>Forms not signed will be returned.</u>)	
Date:	Signature:

NOTICE: When filling out this form, please keep in mind that a copy of this complaint will be forwarded to the auctioneer/auction clerk complained against, providing them with an opportunity to respond to the allegations.

The Public Service Commission considers all complaints important. Your complaint will be processed in as timely a manner as possible. Thank you for your patience. If you have questions about the complaint process, please call our office at 701-328-4097.

Attach copies of any support documents you may have, such as written contracts, advertisements, canceled checks, invoices, letters, or other related documents.

SEND TO: **Public Service Commission**
 Licensing Division
 600 E Boulevard Ave - Dept 408
 Bismarck, ND 58505-0480
 Fax: 701-328-2410
 E-mail: srichter@nd.gov