

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable) Yes No

When? *CANT Get in Contact When you try to call* Action taken?

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?

When? Action taken?

12. HAVE YOU CONTACTED A PRIVATE ATTORNEY? Yes No

13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS. Yes No

14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS. Yes No

15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$ *350.00*

16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

I Reserved A Room at Abbey INN ON Saturday March 12, 2016 to Sunday 13th 2016 for 230.00 Dollars. went to check in lady finally came to Desk had me sign Receipt for 230.00 for Room than left. me + my husband was very unhappy about the conditions of the Hotel. smelt like sewer was unkept Air didnt work right had to use fan all night etc. Next day went to leave know one there had to put keys in DROP BOX unable to speak to anyone. I went online left a review what the place was like next thing I know they had taken an additional \$ 350.00 from my checking account. I recieve letter in mail by Szakaly Law Office saying I caused damage to their buisness by leaving review online. Filed dispute with my BANK they will not return because

17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED? *(of what lawyer sent them.)*

I would like my money returned to my account that they have taken. Im not the only one this has happened to there are other complaints on website of others they have taken from.

18. CONSENT AND VERIFICATION

I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement.

I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

[Signature] Your Signature *4/18/16* Date

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

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