

## AUCTION COMPLAINT

ND PUBLIC SERVICE COMMISSION  
SFN 58821 (May 2008)

**Please Print or Type**

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

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

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"/> <b>NO</b> <input type="checkbox"/> <b>Yes</b> - If Yes, attach a copy.
Were there any witnesses? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>Yes</b> - 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"/> <b>NO</b> <input type="checkbox"/> <b>Yes</b> - 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"/> <b>NO</b> <input type="checkbox"/> <b>Yes</b> - 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. (Forms not signed will be returned.)**

Date:	Signature:
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**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](mailto:srichter@nd.gov)**