



ATTORNEY GENERAL ELIOT SPITZER  
STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
BUREAU OF CONSUMER FRAUDS AND PROTECTION  
120 Broadway, 3rd Floor  
New York, NY 10271-0332  
Tel. (212) 416-8345 Fax (212) 416-8787

**COMPLAINT FORM**  
Consumer Hotline For Hearing Impaired  
1 (800) 771-7755 TDD (800) 788-9898  
<http://www.oag.state.ny.us>

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL **BEFORE** FILING.
2. PLEASE **TYPE** OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE **ENTIRE** FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE **COPIES** OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

<b>CONSUMER</b>		
YOUR NAME <b>Carl Byington</b>		HOME TELEPHONE NUMBER <b>909 337 7436</b>
STREET ADDRESS <b>27316 Pinewood Drive, PO Box 1293</b>		BUSINESS TELEPHONE NUMBER
CITY/TOWN <b>Blue Jay</b>	COUNTY <b>SB</b>	STATE <b>CA</b>
		ZIP <b>92317</b>
<b>COMPLAINT</b>		
NAME OF SELLER OR PROVIDER OF SERVICES <b>bmgmusic.com</b>		NAME OF OTHER SELLER OR PROVIDER OF SERVICES
STREET ADDRESS <b>28 E. 28th Street</b>		STREET ADDRESS
CITY/TOWN <b>New York</b>	STATE <b>NY</b>	ZIP <b>10016-7944</b>
TELEPHONE NUMBER <b>212 555 1111</b>		TELEPHONE NUMBER
DATE OF TRANSACTION <b>2004-04-21</b>	COST OF PRODUCT OR SERVICE <b>\$ 666.89</b>	HOW PAID (Check those which apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other _____
DID YOU SIGN A CONTRACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED
WAS PRODUCT OR SERVICE ADVERTISED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WHERE WAS IT ADVERTISED? <b>www.bmgmusic.com</b>	DATE ADVERTISED <b>2004-04-21</b>
TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details) <b>billing for items that we never ordered</b>		
DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL <b>2004-05-04</b> <input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> In Person		PERSON CONTACTED <b>see attached documentation</b>
NATURE OF RESPONSE <b>see attached documentation</b>		JOB TITLE
DATE OF RESPONSE <b>2004-05-27</b>		
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IS COURT ACTION PENDING? (Please describe as necessary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>ADDITIONAL INFORMATION</b>		
MANUFACTURER OF PRODUCT <b>BMG</b>		PRODUCT MODEL OR SERIAL NUMBER
ADDRESS <b>28 E. 28th Street, New York, NY</b>		WARRANTY EXPIRATION DATE
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT \_\_\_\_\_

See attached documentation and cover letter.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) Apology and refund

WHO REFERRED YOU TO THIS OFFICE? \_\_\_\_\_

**READ THE FOLLOWING BEFORE SIGNING BELOW**

PLEASE ATTACH TO THIS FORM **PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). **DO NOT SEND ORIGINALS.**

**NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.**

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: \_\_\_\_\_ Date: 2004-10-16

**HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?**

**Return to:      Office of the Attorney General  
Bureau of Consumer Frauds and Protection  
120 Broadway, 3rd Floor  
New York, NY 10271-0332**