

**From:** [Office of the Vermont Attorney General](#)  
**To:** [AGO - Public Records Requests](#)  
**Subject:** Public Records Request Form Form submitted on Office of the Vermont Attorney General  
**Date:** Wednesday, July 10, 2019 11:31:22 AM

---

Name	Rachel
Last Name	Hambrick
Organization	Aaron's, Inc.
Address	400 Galleria Pkwy, SE Suite 300 Atlanta, Georgia 30339 United States
Email	Rachel.Hambrick@aarons.com
Phone Number	(678) 402-3381

Please describe the records you are requesting and provide as much specificity as possible, including applicable date ranges.

In an effort to improve customer relations with Aaron's, and to better understand the areas where customers experience the most difficulty, Aaron's, Inc. is reaching out to seek as much information as possible in regards to consumer complaints from July 2018 to present for the state of Vermont.

Aaron's, Inc. is requesting any consumer complaint information filed against Aaron's, Inc., Progressive Leasing, and Dent-A-Med, Inc., d/b/a/ the HELPCard, (owned by Aaron's). Specifically, we are seeking the following:

- A copy of the consumer complaint
- Any response by your agency or related agency or government authority
- Any supporting documentation
- Any information regarding how the customer complaint was resolved

Further, our customers refer to Aaron's by several names and it may be in your system in multiple ways, including but not limited to: "Aaron's, Aaron's Rent to Own, Aaron's Rental, Aaron's Rental Center, Aarons Sales and Leasing, Aarons Furniture, Aaron's Inc, Aaron's Sales, Aaron's Sales and Lease Ownership, and Aaron's Rents".

We appreciate your response to this matter. The requested information can be forwarded either by email to Rachel.Hambrick@aarons.com or faxed to 855-853-2070.

Please take note of the following disclaimer:

1. This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request.
2. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will

contact you if additional information is required.

3. Submission of this form does not constitute receipt of it by the AGO. Your public records request will be considered received on the next business day following its submission.

---

Agreement	I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. Clicking the Declaration below is equivalent to my electronic signature.
Declaration (Required)	Declaration (Required)
Date Submitted	July 10, 2019

---