

**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, August 26, 2020 7:09:48 PM

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

<b>Name</b>	Ashley
<b>Last Name</b>	McPhilamy
<b>Organization</b>	Aaron's Inc.
<b>Address</b>	400 Galleria Pkwy Atlanta, GA 30339 United States
<b>Email</b>	Ashley.McPhilamy@aarons.com
<b>Phone Number</b>	(678) 402-3215

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

Good Evening,

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 2019 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 Ashley.McPhilamy@aarons.com or faxed to 855-853-2070.

Thank you.

Ashley McPhilamy  
Compliance Coordinator  
Aaron's, Inc.  
Phone: 678-402-3381  
Fax: 855-853-2070

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**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.

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**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.

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**Declaration (Required)**

Declaration (Required)

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**Date Submitted**

August 26, 2020

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