

# CONSUMER COMPLAINT FORM

JACK CONWAY  
ATTORNEY GENERAL



RETURN TO:  
Office of Attorney General  
Consumer Protection Division  
1024 Capital Center Drive  
Frankfort, KY 40601  
Hotline: 1-888-432-9257  
www.ag.ky.gov/cp  
Fax: 502-573-7151

**TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

YOUR NAME Mr Mrs  Ms Tara McGuire  
ADDRESS Bluegrass Prevention Center, P.O. Box 13670  
CITY Lexington STATE KY ZIP CODE 40583-3670 COUNTY Fayette  
HOME PHONE \_\_\_\_\_ WORK/CELL PHONE 859-225-3296  
EMAIL ADDRESS: tkmcguire@bluegrass.org

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST  
Vaportini, Inc. ADDRESS 4040 N. Kedzie Ave.  
CITY Chicago  
STATE IL ZIP CODE 60618-2441  
PHONE: 773-961-6079

**Please fill in this section completely.**

WAS A CONTRACT SIGNED? YES  NO (If Yes, Please Attach a **Copy** of Your Contract.)

WHERE WAS CONTRACT SIGNED? " IN YOUR HOME " AT THE BUSINESS " OTHER NA

DATE(S) OF TRANSACTION NA PRODUCT OR SERVICE INVOLVED Vaportini

TOTAL PRICE NA AMOUNT PAID NA WAS PRODUCT/SERVICE ADVERTISED?  YES NO

HOW WAS SERVICE ADVERTISED? " Newspaper " TV " Radio " Mail " Phone " Email  Internet " Other \_\_\_\_\_

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? Kentucky Department of Alcoholic Beverage Control

WHAT ACTION WAS TAKEN? Stephen B. Humphress, General Counsel to the Kentucky Department of Alcoholic Beverage Control replied to my email requesting information on whether the Vaportini product was legal for sale, purchase or consumption in Kentucky on 03/14/2014 to instruct the following "At the NABCA conference, the DC bar counsel discussed attorney ethics dangers of providing legal opinions to private individuals and companies. I will shortly be developing a policy to address these concerns. This question should be directed to a private attorney."

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? YES  NO HAVE YOU STARTED COURT ACTION? YES  NO

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? I would like to know if the Vaportini Product is legal for sale, purchase or use in Kentucky as the company Vaportini, Inc. claims on their website [www.vaportini.com](http://www.vaportini.com). If the Vaportini Product is not legal in Kentucky then I would like the company to remove such false claims on their website that the Vaportini Product is legal in all 50 states.

Below, briefly state the facts of your complaint (if necessary, use additional paper). Please attach copies of any papers involved (order blanks, warranties, credit card receipts or statements, contracts, advertisements, canceled checks, etc.). The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky's Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act.

A Dr. Oz episode "Smoking Alcohol: The Dangerous New Way to Get Drunk", originally aired on 03/06/2014, recently focused my attention as KY Alcohol Prevention Specialist to a product called "Vaportini" launched in 2009, incorporated for sale in all 50 states in 2013, which I am concerned may present a health threat to youth and adults due to the increased potential risk for alcohol poisoning and addiction associated with the use of such a product. Through my own research, I discovered Kentucky (along with other states) banned Alcohol Vaporizing Devices through HB 202 passed in 2008 (attached from LRC.ky.gov).

My question is—are Vaportini devices, created in 2009 following the "Alcohol Without Liquid" (AWOL) devices ban by 2008 KY HB 202, currently banned for sell, purchase, delivery, use, etc... in KY? As far as I can tell, Vaportini products are not exclusively included in 2008 KY HB 202 by the "AWOL" definition below, but may be in somewhat of a gray area in the bill due to the specification "Alcohol vaporizing device" or "AWOL device". Vaportini uses thermal vaporization, whereas ATOL devices which are more like nebulizers mix the alcohol with oxygen.

"(2008 HB202 text excerpt) AN ACT relating to alcoholic vaporizing devices. Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. A NEW SECTION OF KRS CHAPTER 243 IS CREATED TO READ AS FOLLOWS:

Except as provided in subsection (2) of this section, a person shall not sell, purchase, deliver, give away, possess, use, or offer for sale or use an alcohol vaporizing device or assist another in selling or using an alcohol vaporizing device.....(3) (a) "Alcohol vaporizing device" or "AWOL device" means any device, machine, or process that mixes liquor, spirits, or any other alcohol product with pure oxygen or by any other means produces a vaporized alcoholic product used for human consumption."

I'm doing workshops for adults working in the prevention and enforcement fields on Alcopops (flavored malt beverages with special appeal to youth) and underage and binge drinking prevention at two state/national conferences April 3-4, and frequently work with coalitions and enforcement statewide on prevention strategies; and want to make sure I'm providing accurate information. I have attempted to contact the KY ABC, but they were not able to provide a response to my question on whether these "Vaportini" products are legal in Kentucky. I would greatly appreciate if the Kentucky Office of the Attorney General could provide a response to my inquiry.

If Your Complaint is Regarding a Health Club Membership, Also Complete this Section.

WAS CONTRACT SIGNED? " YES " NO DATE OF CONTRACT \_\_\_\_\_ LENGTH OF CONTRACT: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

TIME LEFT BEFORE CONTRACT EXPIRES: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

TOTAL AMOUNT OF YOUR CONTRACT: \$ \_\_\_\_\_ AMOUNT PAID TO DATE: \$ \_\_\_\_\_

HOW WERE YOUR PAYMENTS TO BE MADE? " MONTHLY " YEARLY " OTHER

AMOUNT OF EACH PAYMENT? \$ \_\_\_\_\_ WHEN WAS YOUR LAST PAYMENT? \_\_\_\_\_

HAVE YOU MADE PAYMENTS TO ANY COMPANY OTHER THAN THIS HEALTH CLUB? " YES " NO

If yes, please provide the following information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

TODAY'S DATE \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

OPTIONAL- COMPLETION OF THIS SECTION IS VOLUNTARY

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: " 0-15 " 16-25 " 26-39 " 40-59 " 60-75 " 76-over

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