STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL



P.O. Box 30736 Lansing, Michigan 48909

DANA NESSEL ATTORNEY GENERAL

March 13, 2020

Overnight Delivery

Dearborn Fresh Supermarket, LLC Registered Agent: Wanda Mackie 13661 Colson Dearborn, MI 48126

Dear Dearborn Fresh Supermarket, LLC and Wanda Mackie:

Re: Dearborn Fresh Supermarket, LLC

This past week, the Attorney General has received 5 consumer complaints against you alleging price-gouging on hand sanitizers. We are working to gather additional evidence regarding these allegations. To the extent your store has elevated prices to exploit the public health emergency related to Coronavirus, be advised we are looking into these allegations.

The allegations in these consumer complaints implicate the following unfair trade practices, as identified in Michigan's Consumer Protection Act:

- (z) Charging the consumer a price that is grossly in excess of the price at which similar property or services are sold.
- (aa) Causing coercion and duress as the result of the time and nature of a sales presentation.

[MCL 445.903(1).]

To the extent your store is violating these provisions, you should immediately correct your pricing. This will minimize any future liability and penalties.

Dearborn Supermarket, LLC and Wanda Mackie Page 2 March 13, 2020

Enclosed are the consumer complaints we have received against you. We ask that you provide us a written response to these allegations within ten days. Your response will be considered as the Corporate Oversight Division considers how to proceed with respect to your operation. While it is your choice, we encourage you to consult with an attorney before providing this response.

Sincerely,

Darrin F. Fowler Ashlee N. Lynn

Assistant Attorneys General Corporate Oversight Division

(517) 335-7632

DFF/cms

Web Complaint Number: 2020-cp03081508786-A Submitted: 3/8/2020 3:08:34 PM

Consumer Information

Your Last Name: Abubakr

Your Street Address: City: Your State: MI
Your County: Your Home Phone: Your Work Phone: Ext.:

E-mail Address:

Primary Company Or Person Your Complaint Is About

Company or Person? Company

Fax Number:

Complainee Last Name: Complainee First Name: Name:

Company Name: Dearborn Fresh Supermarket

Street Address: 4910 Middlesex Street City: Dearborn
State: MI Zip Code: 48126

County: Phone:

Fax Number: E-mail Address:

Web Site Address: http://www.dearbornfreshsupermarket.com/ Product Offered: 8 oz Hand sanitizer

Primary Jurisdiction: Failing to Price Retail Items

Secondary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name: Complainee First Name: Name:

Company Name:

Street Address: City:

State: MI Zip Code:

County: Phone:

Fax Number: E-mail Address:

Web Site Address:

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year: Vehicle VIN No.:

Incident Date\Time: 3/8/2020 12:00:00 PM

Incident Location: 13661 Colson St, Dearborn, MI 48126

Approximate Monetary Value: 10.00

Did you sign a contract? False

Where did you sign this contract?

Is a court action pending? False

Do you have an attorney representing you on this matter? False

Are you willing to testify in court regarding this complaint? True

Did you complain directly to the business? False

What was the response from the business?

If no complaint was given to the business directly, why?

Was this complaint filed with any other agencies? False

Complaint Detail/Inquiry Information

Everyone is afraid of the covid 19 coronavirus. There are no more hand sanitizer in large retailers and small stores. All stores were out of stock. However, the Dearborn fresh supermarket was selling an 8 oz hand sanitizer for a price of 10 dollars. This is clear price gouging during this panic. \$1 hand sanitizer is now \$10. They are causing consumers to panic. This is illegal and against the law. Please look into this matter as soon as possible. Truly inhumane and no regard for the people.

[False] Check if this referral is just to give us information and you do not need us to respond to you directly.

[True] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

[False] Check if you want to sign up for the Consumer Protection Listserv.

[False] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.









Submitted: 3/11/2020 12:37:35 PM Web Complaint Number: 2020-cp03111237656-A

Consumer Information

Your Last Name: Your Street Address: Your State: Your County:

Your Home Phone:

Fax Number:

First Name: Malek

City: Zip Code:

Your Work Phone:

E-mail Address:

Ext.:

M.I.:

Primary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name:

Company Name: Dearborn Fresh Market

Street Address: 13661 Calson St

State: MI

County: Wayne

Fax Number: Web Site Address:

Primary Jurisdiction: None

Complainee First

Name:

City: Dearborn Zip Code: 48126

Phone: 3135819900

E-mail Address:

Product Offered:

Secondary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name:

Complainee First

Name:

Company Name:

Street Address:

State: MI

County:

Fax Number:

City:

Zip Code:

Phone:

E-mail Address:

Web Site Address:

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year:

Vehicle VIN No.:

Incident Date\Time: 3/11/2020 11:40:00 AM

Incident Location: Dearborn Fresh

Approximate Monetary Value: \$5.29

Did you sign a contract? False

Where did you sign this contract?

Is a court action pending? False

Do you have an attorney representing you on this matter? False

Are you willing to testify in court regarding this complaint? True

Did you complain directly to the business? True

What was the response from the business? Report us

If no complaint was given to the business directly, why?

Was this complaint filed with any other agencies? False

Complaint Detail/Inquiry Information

They are selling 2 Oz bottles of hand Purell sanitizers for \$5.29 are \$2 "savings". I called them asked why and that they will be reported. Their response was to go ahead and report them. I took a picture of the product and receipt.

[False] Check if this referral is just to give us information and you do not need us to respond to you directly.

[True] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

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[False] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.

Web Complaint Number: 2020-cp03121059959-A Submitted: 3/12/2020 10:59:48 AM

Consumer Information

Your Last Name:

Your Street Address:

Your State:

Your County:

Your Home Phone:

Fax Number:

First Name: Mariam M.I.:
City: Zip Code: Your Work Phone: Ext.:

E-mail Address:

Complainee First

E-mail Address:

Name:

Primary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name:

Company Name: Dearborn Fresh Supermarket

Street Address: 13661 Colson St City: Dearborn
State: MI Zip Code: 48126

County: Wayne Phone: 3135819900

Fax Number: E-mail Address:

Web Site Address: http://www.dearbornfreshsupermarket.com/ Product Offered: Hand sanitizer

Primary Jurisdiction: Licensed Business/Person

Secondary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name: Complainee First Name:

Company Name:

Fax Number:

Street Address: City:
State: MI Zip Code:

County: Phone:

Web Site Address:

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year: MI

Vehicle VIN No.:

Incident Date\Time: 3/11/2020 10:50:00 AM

Incident Location: Inside building

Approximate Monetary Value:

Did you sign a contract? False

Where did you sign this contract?

Is a court action pending? False

Do you have an attorney representing you on this matter? False

Are you willing to testify in court regarding this complaint? False

Did you complain directly to the business? False

What was the response from the business?

If no complaint was given to the business directly, why? No action would have been done regarding situation.

Was this complaint filed with any other agencies? False

Complaint Detail/Inquiry Information

I visited Dearborn Fresh supermarket to look for hand sanitizer. They had a shelf filled with different kinds. I checked the price labels under the bottle called (Lucky super soft hand sanitizer), and they were \$9.99. When I purchased it a month ago it was \$1.99. Also, I saw they were selling the Purell 1.oz hand sanitizer for \$4.99 where on regular days it's not more than ¢.50. These are very unreasonable prices.

[False] Check if this referral is just to give us information and you do not need us to respond to you directly.

[False] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

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[False] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.

Web Complaint Number: 2020-cp03121129277-A Submitted: 3/12/2020 11:29:32 AM

Consumer Information

Your Last Name: Your Street Address: Your State:

Your County:

Your Home Phone:

Fax Number:

First Name: Sarah

City:

Zip Code:

Your Work Phone:

E-mail Address:

Ext.:

M.I.:

Primary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name:

Company Name: Dearborn Fresh

Street Address: 13661 Colson St.

State: MI

County:

Fax Number:

Web Site Address:

Primary Jurisdiction: Licensed Business/Person

Complainee First

Name:

City: Dearborn

Zip Code: 48126

Phone:

E-mail Address:

Product Offered:

Secondary Company Or Person Your Complaint Is About

Company or Person? Company

Complainee Last Name:

Complainee First

Name:

Company Name:

Street Address:

State: MI

County:

Fax Number:

City:

Zip Code:

Phone:

E-mail Address:

Web Site Address:

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year:

Vehicle VIN No.:

Incident Date\Time: 3/12/2020 1:00:00 AM

Incident Location:

Approximate Monetary Value:

Did you sign a contract?

Where did you sign this contract?

Is a court action pending?

Do you have an attorney representing you on this matter?

Are you willing to testify in court regarding this complaint?

Did you complain directly to the business?

What was the response from the business?

If no complaint was given to the business directly, why?

Was this complaint filed with any other agencies?

Complaint Detail/Inquiry Information

As a concerned citizen of Dearborn, I am reporting this reputable grocery store that I often frequent as they are gouging their prices during a trying time where consumers are helpless and panicking. They are selling small bottles of hand sanitizer that retail around \$3-4 anywhere else (Walgreens, rite aids, target, Walmart) for \$9.99. This is price gouging and measures should be taken to ensure that other grocery stores in the area do not follow this trend. East Dearborn is home to many immigrants and older individuals who are not very affluent and this is unacceptable. Please ensure that this grocery store, along with others in the area, are not gouging vulnerable individuals during this time. I would like our state to ensure that this gouging ends in this grocery store and elsewhere.

[False] Check if this referral is just to give us information and you do not need us to respond to you directly.

[False] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

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[True] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.

From: <u>DoNotReply@michigan.gov</u> <<u>DoNotReply@michigan.gov</u>>

Sent: Thursday, March 12, 2020 9:44 AM

To: MDA-Complaints < MDA-Complaints@michigan.gov>

Subject: Michigan Department of Agriculture Feedback (ContentID - 343986)

subjecttype: Store Price Display

name:
address:
city:
state:
zip:
county:
country:
phone:
email:
estab: Dearborn Fresh Supermark

estab: Dearborn Fresh Supermarket estab address: 13661 Colson St

estab_city: Dearborn estab_zip: 48126 datetime: 03/11/2020

message: While shopping at the location, I decided to get some additional cleaning supplies as the recent news of the virus has entered Michigan. This store location is gouging the prices as the need for each item has increased! Below is a list of items and their current shelf pricing. The travel size hand sanitizer is \$4.99 as oppose to the \$1-\$2 regular cost. Travel size Clorox wipes are \$5 2 oz bottles of hand sanitizer is \$10 Small Lysol spray is \$7. I have photos if necessary. See public post on

Facebook profile.



13661 Colson St. Dearborn, MJ 48126 (313) 581 - 9900

03/11/2020

MID: 520003186957 11:40:22 025624 IID: 001

DEBIT CARD

PURCHASE

CARD #: Chip Card:

AID': ATC:

Tsĭ: 6800

TC: INVOICE:

Approval Code: Entry Method; Mode:

Mode:

US DEBIT

ARC: 790462 AEB2C4E0DF230C2E 520200010

Chip Read Issuer-PIN Verified Chip Read

Total:

USD\$ 5,29

APPROVED BY ISSUER

PURELL HAND SANITIZE 6.99 T N YOU SAVED 2.00 T N

You Saved on BONUS BUY \$2.00

BALANCE DUE Debit Card [S] #### #### #### EXP. DATE:

Total number of Items sold = 1

AX-CODE TAXABLE-VAL TAX-VALUE 0.30

CHANGE

00.0

YOU Save TOTAL DISCOUNTS Saved

1 2.00

CASHIER NAME: Nour B. C0260 #6110 11:40:25 11MAR2020 S00001 R002

Thank you for shopping with us!

Gift cards now available!

From: To: Subject: Date: Lynn, Adhles (AG) Shultz, Surah J. (AG) FW: Dearborn Fresh Supermarket Friday, March 13, 2020 1:41;25 PM

From: Marian

Sent: Friday, March 13, 2020 1:17 PM To: Lynn, Ashlee (AG) <LynnA@michigan.gov> Subject: Re: Dearborn Fresh Supermarket

Good Afternoon,

Yes, I do have a copy of the receipt. I will attach it with this email.

Thank you.



13661 Colson St. Dearborn, MI 48126 (313) 581 - 9900

03/11/2020 MID: 520003186957 048697

10:52:41 TID: 001

DEBIT CARD

PURCHASE

CARD #: Chip Card:



AID. ATC: TSI: 6800 TC: INVOICE: Approval Code: Entry Method: Chip Read Mode: Issuer-PIN Verified Total: USD\$ 7.27 APPROVED BY ISSUER PURELL HAND SANITIZE 6.99 T N YOU SAVED - 2.00 T N You Saved on BONUS BUY \$2.00 AL ASEEL CHIPS 0.99 AL ASEEL CHIPS 0.99BALANCE DUE 7.27 Debit Card 7.27. Total number of items sold = 3 TAX-CODE TAXABLE-VAL TAX-VALUE MT SALES TAX 0:30 4 99 CHANGE 0.00 You Save TOTAL DISCOUNTS -2.002.00 Saved

CASHIER NAME: GHADA BEN COO12 #3090 10:52:44 S00001 R004

11MAR2020

friank you for shopping with us! Gift cands now available!

Mariam

From: Lynn, Ashlee (AG) < LynnA@michigan.gov>

Sent: Friday, March 13, 2020 1:00:38 PM

To:

Subject: Dearborn Fresh Supermarket

Good Afternoon,

I am in receipt of your consumer complaint against Dearborn Fresh Supermarket. Do you happen to have any documentation, such as a copy of your receipt, that you could provide me?

Sincerely,

Ashlee N. Lynn Assistant Attorney General Corporate Oversight Division (517)335-7632 From: To:

OnLine Complaint, CP

Subject:

Web Complaint Number 2020-cp03111237656-A

Date:

Wednesday, March 11, 2020 12:42:45 PM

To whom it my concern,

This is a follow up email to the complaint submitted for price gouging I believe done by Dearborn Fresh Market.