

New York State Department of State Division of Consumer Protection Consumer Assistance Unit 5 Empire State Plaza -- Suite 2101 Albany, New York 12223-1556 Phone: 1-800-697-1220 | Fax: (518) 486-3936 <u>www.nysconsumer.gov</u>

Advocating For and Empowering NY Consumers

Consumer Complaint Form

Instructions:

It is important that you attempt to resolve your complaint with the company before filing with the Division of Consumer Protection (DCP). **Complaints already the subject of a lawsuit or other legal action cannot be handled by the DCP.**

Please be sure that your statement is complete and factual, but as brief as possible. To complete the form, answer all the appropriate questions by typing or printing clearly in dark ink. The DCP will attempt to help you and the company reach a satisfactory settlement. However, we cannot force the business to make a specific adjustment.

Consumer Information:									
Last Name:	First Name:	Title:	(Circle One) Mr. Ms. Mrs.						
Street Address:	City:	State:	Zip Code:						
Phone Number (Day):	Phone Number (Eve):	Fax Number:	E-mail Address:						
Company Information: (Company Involved in Dispute)									
Company or Seller Name:	Company Repr	esentative/Salesperson & Titl	e:						
Street Address:	City:	State:	Zip Code:						
Company Phone Number:	Company Fax Number:		Website Address:						
	COMPLAINT INFORMATION:								
Description of complaint: Please print or type a clear description of the complaint (e.g., nature or type of complaint: car, mail order, telemarketing, internet, etc). Feel free to attach additional description pages, if necessary.									

Date problem first occurred:	Date (s) you	complained to compa	any: To Whom You Complained:	
Brand Name or Manufacturer:	Model Name	e or Number:	Serial Number:	
Warranty Expiration Date:	Date Purchased:		Contract, Acct. or Policy Number	
Date Signed the Contract or Order:				
	Paymer	nt Information:		
Have you already paid for the product or s			artial Purchase Amount in Dispute:	
Method of Payment: (Circle One) Cash	Check Cre	dit Card Money	Order	
		*	nd, credit, exchange or rebate)	
Have you contacted any other government	agency or elected o	fficial to assist in reso	olving this complaint? (<i>Circle One</i>) Yes N	0
State Agency contacted:		Name of Elected of	iicial:	
Assistance received:		I		
Have you contacted an attorney? (Circle O	ne) Yes No	Court Actio	n Pending? (Circle One) Yes No	
Please attach to this form PHOTOCOP correspondence, etc). DO NOT SEND	•	rs (e.g., contracts, w	arranties, bills received, canceled checks,	
PLEASE RE	AD THE FOLLO	OWING BEFORE S	SIGNING BELOW	
concerning my legal rights or responsibili appropriate government and private sector	ties, I should conta or entities on my b objection to the c	act a private attorney behalf, including requirements of this comp	int. I also understand that if I have any quest y. I hereby authorize the DCP to work with testing and reviewing appropriate documents blaint being forwarded to the business or ser to the best of my knowledge.	the s, to
Signature:	I	Date:		
Question: HAVE YOU ENCLOS	SED COPIES OF I	MPORTANT PAPEI	RS?	
Return to: New York State D	epartment of State	<u>.</u>		
Division of Consu	mer Protection			
Consumer Assista				
5 Empire State Pl Albany, NY 12223				
Albany, NY 1222.	0.00		4/11/201	11