



**New York State Consumer Protection Board
 Consumer Assistance Unit
 5 Empire State Plaza - Suite 2101
 Albany, New York 12223-1556
 Phone: 1-800-697-1220 Fax: (518) 486-3936
www.nysconsumer.gov**

Advocating For and Empowering NY Consumers

Consumer Complaint Form

Instructions:

Before filing with the Consumer Protection Board (CPB), you must have made a sincere effort to settle your complaint directly with the company. The CPB can assist you only after you have personally made an attempt to resolve this complaint.

Complaints already the subject of a lawsuit or other legal action cannot be handled by the CPB.

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 CPB will attempt to help you and the company reach a satisfactory settlement. However, we cannot require the company to make an adjustment.

Consumer Information:

Last Name:	First Name:	Title: <i>(Circle One)</i> 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 Representative/Salesperson & Title:		
Street Address:	City:	State:	Zip Code:
Company Phone Number:	Company Fax Number:	Website Address:	Company License Number if Appropriate:

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 company:	To Whom You Complained:
Brand Name or Manufacturer :	Model Name or Number:	Serial Number:

Warranty Expiration Date:	Date Purchased:	Contract, Acct. or Policy Number
Date Signed the Contract or Order:		
Payment Information:		
Have you already paid for the product or service? (Circle One) Yes No Partial Purchase Amount in Dispute:		
Method of Payment: (Circle One) Cash Check Credit Card Money Order		
Description of resolution you are requesting: (e.g., refund, credit, exchange or rebate)		
Have you contacted any other government agency to assist in resolving this complaint? (Circle One) Yes No		
State agency contacted:	Agency contact person:	Address:
Assistance received:		
Have you contacted an attorney? (Circle One) Yes No Court Action Pending? (Circle One) Yes No		
<p>Please attach to this form PHOTOCOPIES of any papers (e.g., contracts, warranties, bills received, canceled checks, correspondence, etc). DO NOT SEND ORIGINALS.</p> <p style="text-align: center;"><u>PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW</u></p> <p>In filing this form, I understand that the CPB is attempting to mediate my complaint. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I hereby authorize the CPB to work with the appropriate government and private sector entities on my behalf, including requesting and reviewing appropriate documents, to attempt to resolve my dispute. I have no objection to the contents of this complaint being forwarded to the business or service person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p> <p>Question: HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?</p> <p>Return to: New York State Consumer Protection Board Consumer Assistance Unit 5 Empire State Plaza, Suite 2101 Albany, NY 12223-1556</p>		