



Division of Consumer Protection

State of New York
Department of State
Division of Consumer Protection
 One Commerce Plaza
 99 Washington Avenue, Suite #640
 Albany, NY 12231-0001
 Phone: (518) 474-8583
 FAX: (518) 486-3936
 CONSUMER COMPLAINT HELPLINE: 1-800-697-1220
www.dos.ny.gov/consumerprotection/

CONSUMER COMPLAINT FORM

IMPORTANT: If you have taken **any action** within a court of law regarding this complaint, the Division of Consumer Protection (DCP) cannot provide additional assistance. **Any action** includes court proceedings that are currently pending and those where the court has rendered a final decision. Nonetheless, you are welcome to file your complaint to create a public record of your concern with DCP.

First Name:		Last Name:	
Street Address (Suite#, Apt#):		City:	State: Zip Code:
Daytime Phone Number:	Evening Phone Number:	E-mail Address:	
Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any member of your immediate family served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMPANY INFORMATION *(Company Involved in Dispute - Name of Business You are Complaining Against)*

Company or Seller Name:	Company Representative/Salesperson & Title:		
Company or Seller Street Address (Suite, Apt):	City:	State:	Zip Code:
Company or Seller Phone Number:	Company or Seller Fax Number:		
Company or Seller License Number (if available):	Company or Seller Email Address:		
Have you contacted any other government agency or elected official to assist in resolving this complaint? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency Contact or Elected Official:			
Assistance Received:			

COMPLAINT INFORMATION

Please attach to this form copies of any papers (e.g., contracts, warranties, bills received, canceled checks, and any documents that support your complaint.) DO NOT SEND ANY ORIGINALS.		
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:		

COMPLAINT INFORMATION (continued)

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.) Attach additional information, if necessary.*

PAYMENT INFORMATION

Have you already paid for the product or service? <i>(Check One)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Purchase <input type="checkbox"/> Amount in Dispute: \$ _____
Method of Payment: <i>(Check One)</i> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order

DESCRIPTION OF RESOLUTION YOU ARE REQUESTING (e.g., refund, credit, exchange or rebate)

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this form, I understand that the Division of Consumer Protection 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 Division of Consumer Protection 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. I understand this document is subject to disclosure under the Freedom of Information Law. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Return to: NYS Department of State
 Division of Consumer Protection
 Consumer Assistance Unit
 One Commerce Plaza
 99 Washington Avenue, Suite 640
 Albany, NY 12231