



# 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/](http://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.) <b>DO NOT SEND ANY ORIGINALS.</b>		
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:		

