NEW YORK Division of Consumer Protection

CONSUMER COMPLAINT FORM

STATE OF OPPORTUNITY.

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?	🗆 Yes 🛛 No		
Has any member of your immediate family served in the military?		🗆 Yes 🛛 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)				
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?			
(Check One) 🛛 Yes 🖾 No 🖾 Partial Purchase 🖾 Amount in Dispute: \$			
Method of Payment: (Check One) 🛛 Cash	Check	Credit Card	☐ 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	