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COMPLAINT FORM

Consumer Hotline For Hearing Impaired
 (800) 771-7755 TDD (800) 788-9898

<http://www.ag.ny.gov>

USE THIS FORM FOR INTERNET RELATED COMPLAINTS ONLY

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM AND SIGN THE VERIFYING STATEMENT ON THE REVERSE. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

CONSUMER

Name	Home Tel. ()	Bus. Tel. ()
Street Address	E-mail address @	
City/Town	County	State Zip

COMPLAINT

Name of Seller or Provider of Services	*Name of Other Seller or Provider of Services
Street Address	*Street Address
City/Town State Zip	*City/Town State Zip
Telephone E-mail address () @	*Telephone E-mail address () @

Website address of the person/company involved:
<http://www.>

Date of Transaction	Total cost of product or service	How paid (Check those which apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Other
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Did you enter into a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Duration of contract
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Was product or service advertised? Yes No Date of advertisement: _____
 If yes, please describe the nature of the advertisement (e.g., free trial offer, mailing, web posting, e-mail, newspaper/magazine ad) and attach copies of the advertisement, screen printout and/or mailing.

Date you complained to company or individual _____	Person Contacted _____	Job Title _____
<input type="checkbox"/> By mail <input type="checkbox"/> By e-mail <input type="checkbox"/> By telephone <input type="checkbox"/> In person <input type="checkbox"/> Other		
Nature of Response	Date of Response	

Has matter been submitted to another agency or attorney? Yes No If yes, give name and address:

Is court action pending? Yes No

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