



**ATTORNEY GENERAL ERIC T. SCHNEIDERMAN**  
**STATE OF NEW YORK**  
**OFFICE OF THE ATTORNEY GENERAL**  
 BUREAU OF CONSUMER FRAUDS AND PROTECTION  
 44 Hawley Street, 17th Floor  
 Binghamton, NY 13901-4433  
 Tel. (607) 251-2770 Fax (607) 338-1021

**COMPLAINT FORM**  
 Consumer Hotline For Hearing Impaired  
 1 (800) 771-7755 TDD (800) 788-9898  
<http://www.ag.ny.gov>

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. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

|   |                                  |  |                                |
|---|----------------------------------|--|--------------------------------|
| <b>CONSUMER</b>   |                                  |  |                                |
| YOUR NAME   |                                  | HOME TELEPHONE NUMBER  |                                |
| STREET ADDRESS  |                                  | BUSINESS TELEPHONE NUMBER  |                                |
| CITY/TOWN   | COUNTY                           | STATE  | ZIP                            |
| <b>COMPLAINT</b>  |                                  |  |                                |
| 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 NUMBER  |                                  | TELEPHONE NUMBER   |                                |
| DATE OF TRANSACTION   | COST OF PRODUCT OR SERVICE<br>\$ | HOW PAID (Check those which apply)<br><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____ |                                |
| DID YOU SIGN A CONTRACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | WHERE DID YOU SIGN THE CONTRACT? |  | DATE SIGNED                    |
| WAS PRODUCT OR SERVICE ADVERTISED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | WHERE WAS IT ADVERTISED?         |  | DATE ADVERTISED                |
| TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details)   |                                  |  |                                |
| DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL<br>_____ <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person |                                  | PERSON CONTACTED   | JOB TITLE                      |
| NATURE OF RESPONSE  |                                  |  | DATE OF RESPONSE               |
| HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |                                  |  |                                |
| IS COURT ACTION PENDING? (Please describe as necessary)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |  |                                |
| <b>ADDITIONAL INFORMATION</b>   |                                  |  |                                |
| MANUFACTURER OF PRODUCT   |                                  |  | PRODUCT MODEL OR SERIAL NUMBER |
| ADDRESS   |                                  |  | WARRANTY EXPIRATION DATE       |
| DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)<br><input type="checkbox"/> Yes <input type="checkbox"/> No _____      |                                  |  |                                |

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT \_\_\_\_\_

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WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) \_\_\_\_\_

\_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE? \_\_\_\_\_

\_\_\_\_\_

**READ THE FOLLOWING BEFORE SIGNING BELOW**

PLEASE ATTACH TO THIS FORM **PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). **DO NOT SEND ORIGINALS.**

**NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.**

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?**

**Return to: Office of the Attorney General  
Bureau of Consumer Frauds and Protection  
44 Hawley Street, 17th Floor  
Binghamton, NY 13901-4433**