ATTORNEY GENERAL ERIC T. SCHNEIDERMAN
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
163 West 125 Street, Suite 1324
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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.**

CONSUMER

YOUR NAME		HOME TELEPHONE NUMBER	
STREET ADDRESS		BUSINESS TELEPHONE NUMBER	
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 NUMBER		TELEPHONE NUMBER
DATE OF TRANSACTION	COST OF PRODUCT OR SERVICE $	HOW PAID (Check those which apply) ☐ Cash ☐ Check ☐ Credit Card ☐ Other _____
DID YOU SIGN A CONTRACT? ☐ Yes ☐ No	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED
WAS PRODUCT OR SERVICE ADVERTISED? ☐ Yes ☐ 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 _____ ☐ By Mail ☐ By Telephone ☐ 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) ☐ Yes ☐ No		
IS COURT ACTION PENDING? (Please describe as necessary) ☐ Yes ☐ No		

ADDITIONAL INFORMATION

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) ☐ Yes ☐ No _____	

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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
Harlem Regional Office
163 West 125th Street, Suite 1324
New York, NY 10027-8201