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 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 INTERNET BUREAU
 120 BROADWAY
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 TEL: (212) 416-8433 FAX: (212) 416-8369

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) () Cash () Check () Credit card () Other
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Did you enter into a contract? () Yes () 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 _____
() By mail () By e-mail () By telephone () In person () Other		

Nature of Response	Date of Response
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Has matter been submitted to another agency or attorney? () Yes () No If yes, give name and address:

Is court action pending? () Yes () No

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

Briefly describe your complaint _____

What form of relief are you seeking? (e.g. refund, repair, etc.) _____

Who referred you to this office? _____

READ THE FOLLOWING BEFORE SIGNING BELOW:

Please attach to this form **COPIES** of any papers involved (contracts, warranties, bills received, cancelled 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 company 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 completed form to: **Office of the Attorney General
Internet Bureau
120 Broadway
New York, NY 10271-0332**