THIS OFFICE IS SUBJECT TO THE FREEDOM OF INFORMATION LAW

CONSUMER COMPLAINT FORM

NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, N.Y. 11501
(516) 571-2600

Date

Disp.

CASE#

CLASS TYPE INV.

For Office Use Only

PRINT OR TYPE ONLY

COMPLAINT TO BE FILED AGAINST:

COMPANY

ADDRESS

CITY State Zip

YOUR NAME

ADDRESS

CITY State Zip

VENDOR'S TELEPHONE #_____ YOUR DAYTIME TELEPHONE#_____

ATTENTION: *YOU MUST ATTACH* ***COPIES*** *OF CONTRACTS, (NOT RESPONSIBLE FOR ORIGINALS), BILLS OF SALE, GUARANTEES, ADS, CHECKS (FRONT & BACK) ETC. IF THIS IS NOT DONE YOUR COMPLAINT MAY NOT BE PROCESSED. RETURN ALL COPIES OF THIS FORM.*

DATE OF CONTRACT OR PURCHASE_____ DATE YOU COMPLAINED TO CO._____TO WHOM_____

HOW PAID: ❑ CASH ❑ CHECK ❑ MONEY ORDER ❑ CREDIT CARD TOTAL PAID_____

HAVE YOU REFERRED THIS COMPLAINT TO ANOTHER AGENCY, ATTORNEY OR SMALL CLAIMS COURT?_____

*WHAT SATISFACTION ARE YOU REQUESTING?*_____

GIVE SPECIFIC DETAILS OF COMPLAINT:_____

I declare, subject to penalties of perjury, that all the statements made in this complaint, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true and correct. Complaint form must be signed.

YOUR SIGNATURE_____ DATE_____

IN REPLY REFER TO_____
Investigator

Telephone Number 516-571-_____

CA-3084. 4/81. REV. 8/01

**A copy of this form may be forwarded to the VENDOR by the Office of Consumer Affairs.