CONSUMER COMPLAINT FORM

NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS
200 County Seat Drive, Mineola, N.Y. 11501
(516) 571-2600

Date

CASE#  CLASS  TYPE  INV.

For Office Use Only

COMPLAIN 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:

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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.