



**Division of
Consumer Protection**

State of New York
Department of State
Division of Consumer Protection
One Commerce Plaza
99 Washington Avenue, Suite #640
Albany, NY 12231-0001
Phone: (518) 474-8583
FAX: (518) 486-3936
CONSUMER COMPLAINT HELPLINE: 1-800-697-1220
WWW.DOS.NY.GOV

CONSUMER COMPLAINT FORM

Last Name: First Name: Title: *(Circle One)* Mr. Ms. Mrs.

Street Address: City: State: Zip Code:

Phone Number (Day): Phone Number (Eve): Fax Number: E-mail Address:

Company Information: *(Company Involved in Dispute)*

Company or Seller Name: Company Representative/Salesperson & Title:

Street Address: City: State: Zip Code:

Company Phone Number: Company Fax Number: Website Address:

COMPLAINT INFORMATION:

Description of complaint: *Please print or type a clear description of the complaint (e.g., nature or type of complaint: car, mail order, telemarketing, internet, etc). Feel free to attach additional description pages, if necessary.*

[Empty space for complaint description]

Date problem first occurred: Date (s) you complained to company: To Whom You Complained:

Brand Name or Manufacturer: Model Name or Number: Serial Number:

Warranty Expiration Date: Date Purchased: Contract, Acct. or Policy Number

Date Signed the Contract or Order:

Payment Information:

Have you already paid for the product or service? (Circle One) Yes No Partial Purchase Amount in Dispute:

Method of Payment: (Circle One) Cash Check Credit Card Money Order

Description of resolution you are requesting: (e.g., refund, credit, exchange or rebate)

Have you contacted any other government agency or elected official to assist in resolving this complaint? (Circle One) Yes No

State Agency contacted:

Name of Elected official:

Assistance received:

Have you contacted an attorney? (Circle One) Yes No Court Action Pending? (Circle One) Yes No

Please attach to this form copies of any necessary documentation. DO NOT SEND ANY ORIGINALS.

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this form, I understand that the DCP is attempting to mediate my complaint. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I hereby authorize the DCP to work with the appropriate government and private sector entities on my behalf, including requesting and reviewing appropriate documents, to attempt to resolve my dispute. I have no objection to the contents of this complaint being forwarded to the business or service person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Question: Have you enclosed copies of importation papers with your complaint form?

**Return to: NYS Department of State/Division of Consumer Protection
Consumer Assistance Unit, Suite 640
99 Washington Avenue
Albany, NY 12231**

February 2018