

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, photocopies of any papers (i.e., contracts, warranties, billing statements or canceled checks). DO NOT SEND ANY ORIGINALS.		
<u>PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW</u>		
<p>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/or 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.</p>		
Signature: _____		Date: _____
Question:	Have you enclosed copies of important papers with your complaint form?	
Return to:	NYS Department of State/Division of Consumer Protection Consumer Assistance Unit 99 Washington Avenue Albany, NY 12231	
		April 2012



Governor Andrew M. Cuomo

New York State Notice of Important Document

ENGLISH	This is an important document. If you need help to understand it, please call (518) 474-8583, (800) 697-1220. An interpreter will be provided free.
Español Spanish	Esto es un documento importante. Si necesitas ayuda en entenderlo, por favor llame al (518) 474-8583, (800) 697-1220 . Un intérprete será disponible gratuito.
简体字 Simplified Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 (518) 474-8583。 (800) 697-1220 。 您会得到免费翻译服务。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: (518) 474-8583, (800) 697-1220 . Y ap ba ou yon entèprèt gratis.
Italiano Italian	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero (518) 474-8583, (800) 697-1220 . Un interprete sarà disponibile gratuitamente.
한국어 Korean	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: (518) 474-8583, (800) 697-1220 . 무료 통역이 제공됩니다.
Русский Russian	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону (518) 474-8583, (800) 697-1220 . Переводчик предоставляется бесплатно.