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

NEW YORK STATE OF OPPORTUNITY. | Division of Consumer Protection

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:**

Have you ever served in the military? ☐ **Yes** ☐ **No**

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.***

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:		

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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:	Agency Contact or 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 Division of Consumer Protection 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 Division of Consumer Protection 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. I understand this document is subject to disclosure under the Freedom of Information Law. The above complaint is true and accurate to the best of my knowledge.

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
One Commerce Plaza
99 Washington Avenue, Suite 640
Albany, NY 12231