



## DEPARTMENT OF CONSUMER AFFAIRS AND WEIGHTS & MEASURES

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Charles F. Mitchell  
*Commissioner*

4 Glenmere Cove Road  
Goshen, New York 10924

TEL: (845) 360-6700 FAX: (845) 360-7210

**Steven M. Neuhaus**

*County Executive*

[www.orangecountygov.com](http://www.orangecountygov.com)

### **Instructions for filing a Consumer Statement of Complaint:**

**Before filing a Written Statement of Complaint**, calmly and concisely complain directly to the person or firm that sold you the item or performed the service. Complain directly to the headquarters or owner of the company if necessary. Describe the nature of your complaint and what action you would like taken. Keep a record of your efforts to resolve the problem. When you write to the firm or person, describe the problem, what you have done so far to resolve it and the resolution you are seeking. When you call, write down the day, date and phone number. Keep notes of who you spoke with and what they said. Allow time for the person you contacted to resolve the problem.

If unsuccessful, then use this form. Please print, type or write plainly all information in your statement. Use additional paper if necessary. Return the completed form along with clear copies of pertinent materials (advertisements, sales receipts, cancelled checks, contracts, letters, etc.) to this office: Orange County Department of Consumer Affairs, 4 Glenmere Cove Rd, Goshen NY 10924.

Be sure to complete the entire form. Illegible or incomplete forms may be returned to you for more information or cause unnecessary delays. A copy of this Written Statement of Complaint will be kept for our files and a copy of this Written Statement of Complaint may be sent to the business or person the complaint is directed against for their position and possible resolution in this matter. A Consumer Affairs representative will notify you by mail, as soon as a response is received from the vendor.

The OC Department of Consumer Affairs does not have jurisdiction over many areas of the law and it may be necessary to transfer your complaint to the proper agency that can best address your problem.

**Orange County Department of  
Consumer Affairs**

Written Consumer Statement  
of Complaint Form

4 Glenmere Cove Rd  
Goshen NY 10924  
(845) 360-6700 Fax (845) 360-7210

Our File No.:

Vendor:

Complainant:

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*Consumer Information*

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Your Name: \_\_\_\_\_ Home Phone (845) \_\_\_\_\_  
Address Line 1 \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address Line 2 \_\_\_\_\_ Cell/Page/Other \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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*Complaint Information*

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Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Owners Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address Line 1 \_\_\_\_\_ Fax Number \_\_\_\_\_  
Address Line 2 \_\_\_\_\_ Cell/Page/Other \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
Website \_\_\_\_\_ Other Contact Info \_\_\_\_\_

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*Complaint Details*

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Type of Transaction (e.g. Home Repair, Retail Transaction, Weights & Measures, etc.):

Date of Transaction: \_\_\_\_\_ Amount Paid? \_\_\_\_\_ How Paid? \_\_\_\_\_  
Did you sign a contract? \_\_\_\_ yes \_\_\_\_ no, Where? \_\_\_\_\_ Date Signed? \_\_\_\_\_  
Have you complained directly to the firm or person? \_\_\_\_ yes \_\_\_\_ no  
Person complained to? \_\_\_\_\_  
Did they respond? \_\_\_\_ yes \_\_\_\_ no If yes date of response? \_\_\_\_\_  
If yes nature of response? \_\_\_\_\_  
Is court action pending? \_\_\_\_ yes \_\_\_\_ no What court? \_\_\_\_\_ Court date? \_\_\_\_\_  
Have you submitted this matter to an attorney or other agency? \_\_\_\_ yes \_\_\_\_ no  
If yes, give the name, address and phone number including area code: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Complaint Description*

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Briefly Describe Your Complaint (If Necessary, Use an Additional Sheet of Paper)

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*Use second page to further describe your complaint and provide any additional information*

**Orange County Department of  
Consumer Affairs**

Written Consumer Statement  
of Complaint Form

4 Glenmere Cove Rd  
Goshen NY 10924  
(845) 360-6700 Fax (845) 360-7210

Our File No.:

Vendor:

Complainant: \_\_\_\_\_

***Complaint Description (Continued)***

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***Resolution***

What resolution or form of relief are you seeking? (e.g. exchange, repair, money back, etc.)

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***Declaration***

**READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING BELOW**

I understand that a copy of this form may be sent to the business or person the complaint is directed against.

I authorize the Orange County Department of Consumer Affairs and/or their representatives to make inquires on my behalf, into any and all files or accounts that may be necessary to investigate the Written Statement of Consumer Complaint I have filed with that office. Further, I authorize the Orange County Department of Consumer Affairs to use and supply, on my behalf, any private information included in this complaint.

In filing this complaint, I understand that the Orange County Department of Consumer Affairs staff does not provide legal advice and is not my private attorney. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or individual the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Be sure to attach photocopies of documents. Do not send originals.**  
Return completed form and document copies to the address shown on the front of this form.