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, 255 Main Street, 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. A copy of this Written Statement of Complaint may also 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.
Complaint Information

Your Name: ___________________________________________ Home Phone (845) ______________
Address Line 1 _________________________________________ Work Phone ____________________
Address Line 2 _________________________________________ Cell/Page/Other ________________
City ____________________ State _____ Zip _________ Email Address ____________________

Complaint Information

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 ______________

Complaint Details

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: ___________________________
___________________________________________________________________________________

Complaint Description

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

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

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