



DEPARTMENT OF CONSUMER AFFAIRS AND WEIGHTS & MEASURES

255 Main Street
Goshen, New York 10924
TEL: (845) 360-6700 FAX: (845) 378-2367

Steven M. Neuhaus
County Executive
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, 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.

**Orange County Department of
Consumer Affairs**

Written Consumer Statement
of Complaint Form

255 Main Street
Goshen NY 10924
(845) 360-6700 Fax (845) 378-2367

Our File No.:

Vendor:

Complainant:

Consumer 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

