



DESCRIBE YOUR COMPLAINT (Use additional paper if necessary)

WHAT FORM OF RELIEF ARE YOU SEEKING? (Ex. Exchange, Repair, Refund, Etc.)

WHO REFERRED YOU TO THIS OFFICE?

**READ THE FOLLOWING BEFORE SIGNING BELOW**

Please attach to this form **PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). **DO NOT SEND ORIGINALS.**

**NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.**

In filing this complaint, I understand that the Schenectady County Department of Consumer Affairs is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any 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 person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also 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:** \_\_\_\_\_

**HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?**

**Return to: Schenectady County Department of Consumer Affairs  
64 Kellar Avenue  
Schenectady, NY 12306  
Phone: (518) 356-7473**