SCHENECTADY COUNTY DEPARTMENT OF CONSUMER AFFAIRS 64 Kellar Avenue, Schenectady, NY 12306 Tel. (518) 356-7473 Fax (518) 357-0319

COMPLAINT FORM

Assigned Case # _____

DATE FILED

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.

2. PLEASE <u>TYPE</u> OR <u>PRINT</u> CLEARLY IN DARK INK.

3. COMPLETE THE ENTIRE FORM.

4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

CONSUMER						
YOUR NAME	HOME TELEPHONE NUMBER					
STREET ADDRESS	BUSINESS TELEPHONE NUMBER					
CITY/TOWN	COUNTY STATE			ZIP		
COMPLAINT						
NAME OF SELLER OR PROVIDER OF SERVICES		NAME OF OTHER SELLER OR PROVIDER OF SERVICES				
STREET ADDRESS		STREET ADDRESS				
CITY/TOWN STATE	ZIP	CITY/TOWN	STATE	ZIP		
TELEPHONE NUMBER		TELEPHONE NUMBER				
DATE OF TRANSACTION	HOW WAS THE PR	ODUCT/SERVICE PURCHASED	(Circle)	AMOUNT PAID		
//	Cash Ch	eck Credit Card	Other	\$		
DID YOU SIGN A CONTRACT?	WHERE DID YOU	WHERE DID YOU SIGN THE CONTRACT?		DATE SIGNED		
				//		
WAS PRODUCT OR SERVICE ADVERTISED? WHERE WAS IT ADVERT		OVERTISED?		DATE ADVERTISED		
				//		
TYPE OF COMPLAINT (Use the reverse side of this	form to provide details)					
(1) Fraud-Deception	(2) Advertisement Not	(2) Advertisement Not Fulfilled		(3) Defective Product		
(4) Misrepresentation	(5) Violation Of Known	(5) Violation Of Known Law		(6) Non-Delivery Of Product		
(7) Non-Performance Of Service	(8) Unsatisfactory Repairs		(9) Unconscionable Fee			
DATE AND HOW YOU COMPLAINED TO THE CO	OMPANY OR INDIVIDUAL	PERSON CONTACTED)	JOB TITLE		
/ Mail	Telephone In Person					
NATURE OF RESPONSE				DATE OF RESPONSE		
				//		
HAS MATTER BEEN SUBMITTED TO ANOTHER	AGENCY OR ATTORNEY? (If "Yes	" give name and address. If "No" le	eave blank.)			
IS COURT ACTION PENDING? (Please describe a	s necessary)					
ADDITIONAL INFORMATION						
MANUFACTURER OF PRODUCT	R OF PRODUCT		PRODUCT MODEL OR SERIAL NUMBER			
ADDRESS	š			WARRANTY EXPIRATION DATE		
DID BUSINESS ARRANGE FINANCING? (If "Yes"	' give name and address of bank or fina	nce company. If "No" leave blank)				

Schenectady County (1/1/2007)

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

Schenectady County (1/1/2007)