



DEPARTMENT OF CONSUMER AFFAIRS

CONSUMER COMPLAINT ADDENDUM

CONSUMER NAME: _____

CONSUMER COMPLAINT #: _____

Please indicate the **monetary amount** you are seeking from the vendor: \$ _____

Please briefly summarize how you calculated that amount:

What was the contract amount (as evidence by contract and/or change orders, etc.): \$ _____

What amount have you paid on the contract (please provide proof of payment): \$ _____

Please list and submit copies of evidence you have to substantiate your allegations:

1. _____
2. _____
3. _____
4. _____

The Nassau County Department of Consumer Affairs is not my private attorney, but represents the public in enforcing laws designed to protect consumers from misleading or unlawful business practices. My filing this complaint does not mean that the Department of Consumer Affairs has initiated a lawsuit or proceeding on my behalf or that it will do so.

The Department cannot give me legal advice or represent me in court. If I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. In order to resolve my complaint, the Department may send a copy of my complaint and any documents I provide to the person or business about whom I am complaining and I authorize that person or business to release information concerning my complaint to the Department.

The Department works with other state, local and federal government agencies to investigate complaints and coordinate law enforcement and may also share my complaint with them. In addition, the Department may use my information from my complaint in legal proceedings to establish violations of the law.