



THIS OFFICE IS SUBJECT TO THE FREEDOM OF INFORMATION LAW

CONSUMER COMPLAINT FORM

NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS

240 Old Country Road, Mineola, N.Y. 11501

consumeraffairs@nassaucountyny.gov

(516) 571-2600

DISPOSITION

Disposition grid

INV.

Inv. grid

CONSUMER INFORMATION

COMPLAINT TO BE FILED AGAINST

Consumer Information fields: NAME, ADDRESS, CITY, STATE, ZIP, EMAIL, PHONE

Complaint fields: NAME, ADDRESS, CITY, STATE, ZIP, EMAIL, PHONE

HAVE YOU REFERRED THIS COMPLAINT TO ANOTHER AGENCY, ATTORNEY OR SMALL CLAIMS COURT? _____

DATE OF CONTRACT OR PURCHASE _____ DATE YOU COMPLAINED TO CO. _____ TO WHOM _____

HOW DID YOU PAY: CASH CHECK MONEY ORDER CREDIT CARD TOTAL PAID: \$ _____

WHAT SATISFACTION ARE YOU REQUESTING: _____

ATTENTION: PLEASE PROVIDE COPIES (NOT RESPONSIBLE FOR ORIGINALS) WITH THIS FORM OF CONTRACTS, BILLS OF SALE, GUARANTEES, ADS, PHOTOS, COPIES OF CHECKS (FRONT ANF BACK) AND/OR PAYMENTS MADE, RECEIPTS, ETC. TO HELP US RESOLVE YOUR COMPLAINT MORE EFFECTIVELY.. *** A COPY OF THIS FORM MAY BE FORWARDED TO THE VENDOR BY THIS DEPARTMENT***

GIVE SPECIFIC DETAILS OF COMPLAINT BELOW:

Multiple horizontal lines for providing complaint details

I declare, subject to penalties of perjury, that all the statements made in this complaint, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true and correct. Complaint form must be signed.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

IN REPLY REFER TO: _____ TELEPHONE NUMBER: 516-571- _____

Grids for DATE, INVESTIGATOR, CASE #, CLASS, and TYPE