



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

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CONSUMER INFORMATION

COMPLAINT TO BE FILED AGAINST

NAME:

ADDRESS:

CITY:  STATE:  ZIP:

EMAIL:

PHONE:

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 AND BACK) AND/OR PAYMENTS MADE, RECEIPTS, ETC. TO HELP US RESOLVE YOUR COMPLAINT MORE EFFECTIVELY. IN ADDITION, YOU MUST PROVIDE PAGE 2, CONSUMER COMPLAINT ADDENDUM, WITH THIS COMPLAINT FORM IN ORDER TO BE PROCESSED. FAILURE TO PROVIDE COULD RESULT IN YOUR COMPLAINT FROM BEING PROCESSED. \*\*\* A COPY OF THIS FORM MAY BE FORWARDED TO THE VENDOR BY THIS DEPARTMENT\*\*\***

**GIVE SPECIFIC DETAILS OF COMPLAINT BELOW:**

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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-\_\_\_\_\_

DATE				INVESTIGATOR					CLASS				TYPE				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# 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:

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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 the documentary 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.