

## Consumer Complaint Form

Provide all requested information, **including phone numbers.**  
**ENCLOSE COPIES OF CONTRACTS, RECEIPTS, CHECKS, LETTERS**  
 and any other documents which pertain to your complaint.  
 This office will acknowledge receipt of your complaint,  
 indicating your file number and the name of the assigned inspector.

**PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION**

Consumer Information	Vendor Information
Your Name	Name of Business
Address	Address
City                                  State                                  Zip	City                                  State                                  Zip
Telephone Number (including area code) (Home)                                  ( Business )	Telephone Number (including area code)
Your Mailing Address - if different from above	Your Account or Invoice number
City                                  State                                  Zip	Name of contact person
Total Cost	Date of Transaction                                  Amount Paid

**COMPLETE REVERSE SIDE  
 BE SURE TO SIGN AND DATE FORM**

**DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY**

File Number \_\_\_\_\_ Investigated by \_\_\_\_\_ Reviewed by \_\_\_\_\_  
 Received by: Phone (    ) Mail (    ) Person (    ) Agency (    ) Web (    )  
 Date Acknowledged \_\_\_\_\_ Date Closed \_\_\_\_\_ Disposition \_\_\_\_\_ \$ \_\_\_\_\_

