

## INSTRUCTIONS FOR CONSUMER COMPLAINT FORM

Complete form in sufficient detail to fully explain your problem, providing names, addresses, cities, telephone numbers, dates, etc., involved. Please furnish details in the order that they happened. A copy of your complaint may be sent to the respondent. **Please enclose copies of all contracts and/or other documents relative to your complaint.**

Return your completed form to:

**Your Local Police Department**

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### CONSUMER COMPLAINT FORM

COMPLAINT NUMBER CF- \_\_\_\_\_

DATED: \_\_\_\_\_

NAME OF COMPANY OR FIRM COMPLAINED ABOUT:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SALESPERSON: \_\_\_\_\_ DATE OF TRANSACTION: \_\_\_\_\_

NAME OF PRODUCT OR SERVICE INVOLVED: \_\_\_\_\_

IF PRODUCT OR SERVICE WAS ADVERTISED, WHEN: \_\_\_\_\_

WHERE: \_\_\_\_\_

WAS A CONTRACT SIGNED: \_\_\_\_\_ (Attach a copy)

NAME AND NUMBER OF ATTORNEY CONTACTED, IF ANY: \_\_\_\_\_

WHAT ADJUSTMENT DO YOU CONSIDER FAIR: \_\_\_\_\_

\_\_\_\_\_

YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

(Continued On Other Side)

