

Joseph A. LaBarbera
Director

845-808-1617



DEPARTMENT OF CONSUMER AFFAIRS/WEIGHTS & MEASURES
110 Old Route Six, Building No. Three
Carmel, New York 10512

Complaint Form

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY

FILE NO:	DATE RECEIVED:
RECEIVED BY:	TELEPHONE MAIL IN PERSON OTHER AGENCY
INVESTIGATED BY:	CLOSING DATE:
DISPOSITON:	

Please print or type the information and include legible copies of all pertinent materials
(cancelled checks, sales receipts, contracts, correspondence, etc.)

CONSUMER INFORMATION	VENDOR INFORMATION
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone: Home: Business:	Telephone:
Hours Available:	Contact Person:
Product of Service:	Cost:
Date of Transaction:	Amount paid to Date:
Have you contacted the vendor about this matter? YES NO	Have you contacted any other agencies concerning this matter? YES NO
If yes, what transpired:	If yes, what transpired:

PLEASE PRINT OR TYPE

NATURE OF COMPLAINT:

What resolution are you seeking: (please note that restitution can not be obtained by this office)

(Continue on separate sheet if necessary)

Since it is necessary for your office to release copies of my complaint to the vendor and/or other agencies, I hereby certify that the information I have given herein is true and complete, to the best of my knowledge, under penalty of perjury.

False statements are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature

Date