



Putnam County Office of Consumer Affairs
110 Old Route 6, Building #3
Carmel, NY 10512
Phone: (845) 808-1617
Fax: (845) 808-1930

FOR OFFICE USE ONLY

FILE NO. _____
DATE RECEIVED _____
RECEIVED BY _____
NOTES _____

CONSUMER COMPLAINT FORM

Instructions:

It is important that you try to resolve your complaint with the contractor before filing this form with the Putnam County Office of Consumer Affairs ("PCCA"). We will not accept a complaint that does not show a sincere attempt at resolution. Please be sure that your statement is complete and factual but as brief as possible. To complete the form, answer all the appropriate questions by printing clearly in dark ink. PCCA will attempt to help you and the contractor reach a satisfactory agreement; however, we may be limited in our ability to assist in coming to a specific outcome. You are obligated to let us know if you are represented by an attorney or if you are representing yourself in a legal action against this contractor. PCCA does not provide any legal advice to the public; however, it does offer a list of helpful resources that are publically accessible at <http://www.nycourts.gov> and on our website at <http://www.putnamcountyny.gov/consumer-affairs>.

Consumer Information:

Last Name: _____ First Name: _____ Title: (Circle One) Mr. Ms. Mrs.

Street Address: _____ City: _____ State/ZIP: _____

Daytime Phone Number: _____ Email Address: _____

Company Information: (Company Involved in Dispute)

Company/Seller Name: _____ Company Representative & Title: _____

Street Address: _____ City: _____ State/ZIP: _____

Phone Number: _____ Fax Number: _____ Website: _____

COMPLAINT INFORMATION:

Description of complaint: *Please print a clear description of the complaint. Feel free to attach additional pages if necessary.*

Date Problem First Occurred:	Date(s) You Complained to Company:	To Whom You Complained:
Brand Name or Manufacturer:	Model Name/Number:	Serial Number:
Warranty Expiration Date:	Date Purchased:	Contract, Account or Policy Number:
Date the Contract or Order Was Signed:		

PAYMENT INFORMATION:		
Have You Already Paid for the Product or Service? <i>(Circle One)</i> Yes No Partial Payment Amount in Dispute:		
Method of Payment: <i>(Circle One)</i> Cash Check Credit/Debit Card Money Order Other _____		

DESCRIPTION OF RESOLUTION YOU ARE REQUESTING: (e.g. Refund, Credit, Exchange)	

Have You Contacted Any Other Government Agency or an Elected Official to Assist in Resolving This Complaint?	<i>(Circle One)</i> Yes No
Government Agency Contacted:	Elected Official Contacted:
Assistance Received:	
Have You Contacted an Attorney? <i>(Circle One)</i> Yes No	Court Action Pending? <i>(Circle One)</i> Yes No

Please attach to this form, **PHOTOCOPIES** of any papers (i.e.- Contracts, Warranties, Billing Statements, Proof of Payments). **DO NOT SEND ANY ORIGINALS.**

PLEASE READ THE FOLLOWING BEFORE SIGNING

In filing this form, I understand that the Putnam County Office of Consumer Affairs will attempt to resolve my complaint. I also understand that if I have any questions concerning my legal rights or responsibilities I should contact a private attorney and understand that Putnam County cannot and will not provide me with legal advice. I have no objections to the contents of this complaint being forwarded to the contractor the complaint is directed against. The above complaint is accurate to the best of my knowledge.

Signature: _____ Date: _____

Return to: Putnam County Consumer Affairs
110 Old Route 6, Building #3
Carmel, NY 10512
Attn: Consumer Assistance