



Emmanuel C. Nneji
District Attorney

ULSTER COUNTY
OFFICE OF THE DISTRICT ATTORNEY
DEPARTMENT OF CONSUMER AFFAIRS

15 Joys Lane, Kingston, New York 12401-3708
(845) 340-3260 fax = (845) 340-3185

CONSUMER COMPLAINT FORM

Instructions For Using This Form

1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
2. Please type or print clearly in black ink. Illegible forms may be returned to you.
3. Complete the entire form. Incomplete forms may be returned to you. Use additional paper if necessary.
4. Attach photocopies of any documents related to the transaction (such as contracts, receipts, statements, canceled checks, correspondence, warranties, etc.).
5. **DO NOT SEND ORIGINAL DOCUMENTS.** The Department will not be responsible for originals.

CONSUMER INFORMATION

Your Name		Home Phone	
Street Address		Work Phone	
Post Office Box		Cell Phone	
City	State	Zip	Fax Number

COMPLAINT INFORMATION

Business Name		Home Phone	
Street Address		Work Phone	
Post Office Box		Fax Number	
City	State	Zip	Cell Phone
Website		E-mail	
Other contact information			

Type of Transaction (e.g., *auto repair, home repair, retailing, telephone, etc.*):

Date of transaction	Amount paid		How paid
Did you sign a contract? Yes No	Where?		Date signed
Date of complaint	Person complained to		Their title
Did they respond? Yes No If yes, response date	If yes, nature of response		
Is court action pending? Yes No	What court?		Court date
Have you submitted this matter to an attorney or another agency? Yes No	If yes, give the name, address and phone number for the attorney or agency:		

Use second page to describe your complaint and provide additional information.

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Briefly describe your complaint. If necessary, use an additional sheet of paper.

What form of relief are you seeking (e.g., exchange, repair, money back, etc.)?

READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING BELOW

I understand that a copy of this form may be sent to the business or person the complaint is directed against.

I authorize the Ulster County District Attorney's Office and/or its representative(s) to make inquiries, on my behalf, into any and all files or accounts that may be necessary to investigate the complaint I have filed with that agency. Further, I authorize the Ulster County District Attorney's Office to use and supply, on my behalf, any private information included in this complaint.

In filing this complaint, I understand that the Ulster County District Attorney's consumer advocate does not provide legal advice and is not my private attorney. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or individual the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and /or Section 210.45 of the Penal Law.

Signature:

Date:

HAVE YOU ATTACHED PHOTOCOPIES OF DOCUMENTS? DO NOT SEND ORIGINALS.

DO NOT ATTACH THE SOURCE OF DOCUMENTS. DO NOT SEND ORIGINALS.
Return completed form and document copies to the address shown on the front of this form.