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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.**

## CONSUMER COMPLAINT FORM - PAGE 2

[illegible]

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

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.

Signature:

Date:

**HAVE YOU ATTACHED PHOTOCOPIES OF DOCUMENTS? DO NOT SEND ORIGINALS.**  
Return completed form and document copies to the address shown on the front of this form.