



MONMOUTH COUNTY DIVISION OF CONSUMER AFFAIRS

Hall of Records Annex 1 E. Main Street

P.O. Box 1255, Freehold, NJ 07728-1255

Phone: 732-431-7900 Fax: 732-845-2037

email: consumeraffairs@co.monmouth.nj.us website: www.visitmonmouth.com

CONSUMER COMPLAINT FORM

Your Name _____

Street _____

Town _____ Zip _____

Residential Phone _____

Business Phone _____

Cell Phone _____

Email _____

Business _____

(Name of company you are complaining about)

Street _____

P.O. Box _____

Town _____ State _____ Zip _____

Phone _____

Cell Phone _____

IMPORTANT: To effectively process and resolve your complaint, complete this form and provide legible copies of all pertinent papers, documents and receipts. Please keep all the original documents in your files; Consumer Affairs will not be responsible for original documents. Documents that you should include are:

1. Contracts, invoices, service orders, work orders, estimates & receipts
2. Both sides of cancelled checks, credit card statements or other proof of payment
3. Bills, advertisements, copies of correspondence to and from the business
4. Warranties and/or guarantees

INFORMATION SPECIFIC TO THE COMPLAINT:

1. Date of transaction _____ Did you complain to the company? _____

Date of complaint _____ Person with whom you spoke _____

If you received a response, what was it? _____

2. Amount of money or value of goods and/or services involved _____

Invoice #, transaction # or account #, if any _____

3. Resolution desired?

_____ Refund _____ Repair _____ Contract rescission

_____ Other, explain _____

4. Have you referred this complaint to:

_____ Another agency _____ An attorney _____ Small Claims Court

If yes, name: _____

Address: _____

5. If your complaint involves a motor vehicle, please provide:

Year _____ Make _____ Model _____ If leased, date of lease _____

If purchased, date? _____ New _____ Used _____

As Is _____ Warranty _____ Service Contract _____ Repairs _____

6. Write a concise description of your complaint by describing the events in the order in which they occurred. Attach additional pages, if needed.

Sign and date this complaint form and any additional pages. Be sure to enclose copies of documents to support your claim. You may submit your complaint by email, fax, regular mail or in person.

Please allow for up to 10 business days for action on your complaint. In order to resolve your complaint, we may send a copy of this form to the subject of your complaint.

The information contained in this form is true, correct, and complete to the best of my knowledge.

Date

Signature