



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](mailto:consumeraffairs@co.monmouth.nj.us) website: [www.visitmonmouth.com](http://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.

Horizontal lines for writing the complaint description.

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 \_\_\_\_\_