

MONMOUTH COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
DAVID M. SALKIN, DIRECTOR
Hall of Records Annex
1 E. Main Street
P.O. Box 1255
Freehold, NJ 07728-1255
732-431-7900, FAX: 732-845-2037

Your Name _____	Business _____ (Name of Company You are Complaining About)
Street _____	Street _____
Town _____ State ____ Zip _____	P.O. Box _____
Residential Phone _____	Town _____ State ____ Zip _____
Business Phone _____	Phone _____
Cell Phone _____	Cell Phone _____

IMPORTANT: PLEASE READ AND COMPLETE THE ENTIRE COMPLAINT FORM CAREFULLY BEFORE YOU SIGN IT. Fill in all spaces to avoid delay. We need legible copies of all papers pertinent to the transaction. **THIS DEPARTMENT IS NOT RESPONSIBLE FOR ORIGINAL DOCUMENTS. PLEASE ALLOW 2 WEEKS FOR ACTION. MAIL OR FAX TO ADDRESS OR FAX NUMBER LISTED ABOVE.**

COPY & SEND:

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 business
4. Warranties, and/or Guarantees

We suggest you attempt to resolve this complaint yourself, prior to sending this to the Department of Consumer Affairs. **COMPLETE THE FOLLOWING:**

- 1) Date of Transaction _____ Did you complain to Company? _____
- 2) Person to Whom You Spoke _____ Date of Complaint _____

RESPONSE RECEIVED _____

- 3) Amount of Money or Value of Goods and/or Services Involved _____
- 4) Account or Credit Card Number, if any _____
- 5) Were you led to product through advertising? Yes No
When _____ Where _____

- 6) **IMPORTANT-YOU MUST CHECK RESOLUTION YOU DESIRE:**
REFUND
REPAIR
CONTRACT RECISSION
OTHER, EXPLAIN _____

- 7) If you have referred this complaint to another agency, hired an attorney or filed in Small Claims Court, please indicate below:

_____	_____
Name	Address

8) Complete the following if complaint involves a motor vehicle:

Year_____	Model_____
Make_____	Date Purchased_____
Lease_____	Purchased-New_____
Date Leased_____	Used_____
New_____	As Is_____
Used_____	Warranty_____
	Service Contract_____

IN ORDER TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE CANNOT INTERCEDE ON YOUR BEHALF IF YOU HAVE ALREADY FILED A LAWSUIT IN SMALL CLAIMS COURT OR HAVE REFERRED THIS TO AN ATTORNEY. WRITE A CONCISE DESCRIPTION OF YOUR COMPLAINT DESCRIBING EVENTS IN THE ORDER THEY OCCURRED, USING EXTRA SHEETS IF NEEDED.

COMPLAINT FORM MUST BE SIGNED. Please sign and date all additional pages. Read the following before signing: Have you enclosed the requested copies of documents to support your claim? 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