GLOUCESTER COUNTY DEPARTMENT OF CONSUMER PROTECTION

COMPLAINT FORM

(please print or type)

COMPLAINANT:

YOUR NAME:_____
First Name M.I. Last Name

ADDRESS: _____ _____
No. & Street City & State

MUNICIPALITY _____ **ZIP CODE** _____

TELEPHONE NUMBER _____
Home Business Cell

COMPLAINT AGAINST:

NAME:_____
Company or Firm

ADDRESS:_____ _____
No. & Street City & State

TELEPHONE NUMBER_____ **ZIP CODE**_____

SALESPERSON OR REPRESENTATIVE_____

COMPLAINT DETAILS:

DATE OF TRANSACTION_____ **AMOUNT INVOLVED**_____

DID YOU COMPLAIN TO THE COMPANY?_____ **DATE:**_____

PERSON YOU SPOKE WITH_____

ADDITIONAL INFORMATION (if applicable)

1. Has a lawsuit been filed in Small Claims Court? _____Date Filed _____ Docket No._____
2. Did you complain to another agency?_____ Agency's name _____
3. Have you retained an Attorney? _____ Attorney's name_____
4. Were you led to the product thru advertising?_____

4a. When_____ Where_____

5. Does product have serial number #_____
6. Does product have model number_____ #_____
7. Does complaint involve a Motor Vehicle? _____New ___ Used ____Date of Purchase _____

7a. Make_____ Year_____ Model_____

Describe the events as they occurred (attach additional sheets if needed)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How would you like this complaint resolved:

_____
_____
_____
_____

Please carefully read the following prior to signing below:

PLEASE ATTACH COPIES of any and all supporting documents including: contracts, invoices received, receipts, cancelled checks, credit card transactions, correspondence and or any other documents that may support your complaint.

In order to resolve your complaint we will send copies of this form including all attachments to the person (s) or firm that are the subject (s) of your complaint.

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

For statistical and informational purposes only. Your age: ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60 or older

_____ _____

DATE Signature of complainant (s)

After signing, please forward this form along with all supporting documents to:

GLOUCESTER COUNTY OFFICE OF CONSUMER PROTECTION
254 County House Road
Clarksboro, New Jersey 08020
(856) 384-6855

NOTE: we cannot accept faxed copies. We must have original signatures in order to process and or investigate your complaint.