



148 Martine Avenue, Room 407 White Plains, New York 10601 Phone: (914) 995-2155

Fax: (914) 995-3115

Website: consumer.westchestergov.com

Consumer Complaint Form

Provide all requested information, **including phone numbers**. **ENCLOSE <u>COPIES</u> OF CONTRACTS**, **RECEIPTS**, **CHECKS**, **LETTERS** and any other documents which pertain to your complaint.

PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION

Consumer Information	Vendor Information		
Your Name	Name of Business		
Address	Address		
City State Zip	City State Zip		
Telephone Number (including area code) Daytime:	Telephone Number (including area code)		
Alternate:			
Email Address	Subject of Complaint (include details on reverse)		
Date of Transaction	Total Cost Amount Paid		
Has this complaint been filed with another agency? If yes, indicate the agency name and phone number.	Is this matter the subject of a court action/lawsuit, either now or in the past?		

COMPLETE REVERSE SIDE BE SURE TO SIGN AND DATE FORM

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY			
File Number	Investigated by	Reviewed by	
Received by: Phone () Mail () Person () Agency () Web ()
Date Acknowledged	Date Closed	Disposition	\$

Please Print or Type

Nature of Complaint
(Use Separate sheets if necessary)
What Resolution are you Seeking?
 I Hereby Declare that all information provided is truthful and accurate. I understand that the Westchester County Department of Consumer Protection may send a copy of this form and related documentation to the business or person the complaint is directed against. I Authorize the Westchester County Department of Consumer Protection to act on my behalf in the mediation of this complaint.

Signature _____ Date Signed _____