



Department of Consumer Protection

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 COPIES 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

Table with 2 columns: Consumer Information and Vendor Information. Rows include: Your Name, Address, City/State/Zip, Telephone Number, Email Address, Date of Transaction, and Has this complaint been filed with another agency?

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 _____ \$ _____

