



THIS OFFICE IS SUBJECT TO THE FREEDOM OF INFORMATION LAW

CONSUMER COMPLAINT FORM

NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS

240 Old Country Road, Mineola, N.Y. 11501

consumeraffairs@nassaucountyny.gov

www.nassaucountyny.gov/consumeraffairs

(516) 571-2600

DISPOSITION

Disposition grid

INV.

Inv. grid

CONSUMER INFORMATION

COMPLAINT TO BE FILED AGAINST

Consumer Information form fields

Complaint to be filed against form fields

HAVE YOU REFERRED THIS COMPLAINT TO ANOTHER AGENCY, ATTORNEY OR SMALL CLAIMS COURT?

DATE OF CONTRACT / PURCHASE: DATE COMPLAINED TO COMPANY: TO WHOM:

HOW DID YOU PAY: CASH CHECK MONEY ORDER CREDIT CARD TOTAL PAID: \$

WHAT SATISFACTION ARE YOU REQUESTING:

ATTENTION: PLEASE PROVIDE COPIES (NOT RESPONSIBLE FOR ORIGINALS) WITH THIS FORM OF CONTRACTS, BILLS OF SALE, GUARANTEES, ADS, PHOTOS, COPIES OF CHECKS (FRONT AND BACK) AND/OR PAYMENTS MADE, RECEIPTS, ETC. TO HELP US RESOLVE YOUR COMPLAINT MORE EFFECTIVELY. IN ADDITION, YOU MUST PROVIDE PAGE 2, CONSUMER COMPLAINT ADDENDUM, WITH THIS COMPLAINT FORM IN ORDER TO BE PROCESSED. FAILURE TO PROVIDE COULD RESULT IN YOUR COMPLAINT FROM BEING PROCESSED. \*\*\* A COPY OF THIS FORM MAY BE FORWARDED TO THE VENDOR BY THIS DEPARTMENT\*\*\*

GIVE SPECIFIC DETAILS OF COMPLAINT BELOW:

Multiple horizontal lines for complaint details

If you knowingly possess a written document or instrument containing a false statement or information, and you submit the document or instrument to a public authority or public office, you can be charged with Offering a False Instrument For Filing in the First Degree, a Class E Felony. See NY Penal Law Section 175.35.

SIGNATURE: DATE:

FOR OFFICE USE ONLY:

IN REPLY REFER TO:

TELEPHONE NUMBER: 516-571-

INVESTIGATOR

DATE grid

CASE # grid

CLASS TYPE grid



# DEPARTMENT OF CONSUMER AFFAIRS

## CONSUMER COMPLAINT ADDENDUM

CONSUMER NAME: \_\_\_\_\_

CONSUMER COMPLAINT #: \_\_\_\_\_

Please indicate the **monetary amount** you are seeking from the vendor: \$ \_\_\_\_\_

Please briefly summarize how you calculated that amount:

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What was the contract amount (as evidence by contract and/or change orders, etc.): \$ \_\_\_\_\_

What amount have you paid on the contract (please provide proof of payment): \$ \_\_\_\_\_

**Please list (and submit) copies of evidence you have to substantiate your allegations:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The Nassau County Department of Consumer Affairs is not my private attorney, but represents the public in enforcing laws designed to protect consumers from misleading or unlawful business practices. My filing this complaint does not mean that the Department of Consumer Affairs has initiated a lawsuit or proceeding on my behalf or that it will do so.

The Department cannot give me legal advice or represent me in court. If I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. In order to resolve my complaint, the Department may send a copy of my complaint and any documents I provide to the person or business about whom I am complaining and I authorize that person or business to release information concerning my complaint to the Department.

The Department works with other state, local and federal government agencies to investigate complaints and coordinate law enforcement and may also share my complaint with them. In addition, the Department may use my information from my complaint in legal proceedings to establish violations of the law.