



CONSUMER STATEMENT
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 450 Columbus Blvd. Ste 901
 Hartford, CT 06103
 E-Mail: dcp.foodandstandards@ct.gov
 Fax No. (860) 706-1209

For Official Use Only

1. Complete this form. Type or print CLEARLY.
2. Return form to Agency at address shown above.

| | | | |
|--|--------------------------------|--|--|
| YOUR NAME | HOME PHONE (Include Area Code) | BUSINESS PHONE (Include Area Code) | ARE YOU 65 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| PARTY/COMPANY COMPLAINED AGAINST | | PERSON DEALT WITH / TELEPHONE NUMBER (Include Area Code) | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| INFORMATION: WAS A CONTRACT INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF "YES", ENTER DATE | |
| DATE PURCHASED | | COST \$ | |
| WAS THE PRODUCT OR SERVICE ADVERTISED <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOW? HOW PAID | |
| HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF "YES" ENTER DATE | |
| HAVE YOU HIRED AN ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF "YES", NAME | |
| | | TYPE OF CONTRACT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN | |
| | | PRODUCT OR SERVICE INVOLVED | |
| | | CASH CREDIT CARD INSTALLMENT CONTRACT LAW-AWAY | |
| | | DATE & PLACE OF AD (PLEASE ATTACH COPY IF POSSIBLE) | |
| | | PERSON CONTACTED | |
| | | POSITION | |
| | | IS COURT ACTION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | IF "YES", IN WHAT COURT? | |

NOTE: Please provide a short, detailed statement regarding the facts of your complaint below. Also, please attach copies of all relevant documentation. If further documentation is needed you will be notified. We will not be able to return or forward any material sent to this department so please keep copies of everything you send to us for your records.

We encourage consumers to try and resolve their issues with the company involved. More information can be obtained from our website: www.ct.gov/dcp. You may also find information on the Small Claims Court and Superior Court process at www.jud.state.ct.us

SIGNATURE

DATE

Attach as many additional pages as needed to complete your statement.

Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of this Consumer Statement.