

**CONSUMER STATEMENT**  
 STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 165 Capitol Avenue Hartford CT 06106  
 E-Mail: dcp.frauds@ct.gov  
 Fax No. (860) 713-7239

For Official Use Only

1. Complete this form. Type or print CLEARLY.
2. You may print and mail the complaint to the address provided.
3. You may file your complaint electronically by hitting the Submit button on the right hand corner of the form.

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	E-MAIL	
PARTY/COMPANY COMPLAINED AGAINST		PERSON DEALT WITH / TELEPHONE NUMBER (Include Area Code)				POSITION	
STREET ADDRESS		CITY		STATE	ZIP CODE	E-MAIL	
INFORMATION: WAS A CONTRACT INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", ENTER DATE		TYPE OF CONTRACT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN		PRODUCT OR SERVICE INVOLVED	
DATE PURCHASED		COST \$		HOW PAID (CIRCLE ONE) CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> INSTALLMENT CONTRACT <input type="checkbox"/> LAW-AWAY <input type="checkbox"/>			
WAS THE PRODUCT OR SERVICE ADVERTISED <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW?		DATE & PLACE OF AD (PLEASE ATTACH COPY IF POSSIBLE)			
HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" ENTER DATE		PERSON CONTACTED		POSITION	
HAVE YOU HIRED AN ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", NAME		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. For Home Improvement and New Home Contractor complaints, we request only a copy of your contract and copies of the back and front of the cancelled checks at this time. 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. Finally, please be sure to cross out or delete sensitive information on your attachments such as bank account numbers or social security numbers.

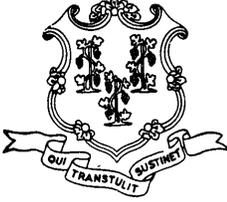
We encourage consumers to try and resolve their issues with the company involved. More information can be obtained from our website: [www.ct.gov/dcp](http://www.ct.gov/dcp). You may also find information on the Small Claims Court and Superior Court process at [www.jud.state.ct.us](http://www.jud.state.ct.us).

\_\_\_\_\_  
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.



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