



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

For Official Use Only

1. Return form to DCP as above, preferably by e-mail
2. Type or print CLEARLY

| | | | | | | | | | | | | |
|--|---|------------|----------------------------------|----------------|---------------------------|--------------------------------------|---|----------|----------|--------|--------|--|
| YOUR NAME | | HOME PHONE | | BUSINESS PHONE | | ADDITIONAL CONTACT ADDRESS AND PHONE | | | | | | |
| STREET ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | | | | |
| DATE HOME WAS BUILT | BUILDER'S NAME | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | | |
| DATE FOUNDATION POURED | NAME OF COMPANY THAT POURED FOUNDATION | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| DATE YOU PURCHASED THE HOME | REAL ESTATE AGENT'S NAME | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| DATE OF HOME INSPECTION | HOME INSPECTION COMPANY | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| DATE(S) OF REPAIRS | REPAIRING COMPANY NAME | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| DATE OF ANY INSURANCE CLAIM AND CLAIM NUMBER | INSURANCE COMPANY NAME | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| STATUS OF INSURANCE CLAIM | NAME OF CLAIM ADJUSTER | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| HAVE YOU HIRED AN ATTORNEY? | ATTORNEY NAME | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| HAVE YOU CONTACTED ANY OTHER PERSON OR AGENCY REGARDING THIS MATTER? | IF SO, NAME | | ADDRESS | | CITY | | STATE | | ZIP CODE | | E-MAIL | |
| HAS THE BUILDER BEEN CONTACTED? | IF SO, WHEN? | | WHAT STEPS DID THE BUILDER TAKE? | | HAS A LAWSUIT BEEN FILED? | | IF SO, PROVIDE COURT LOCATION AND DOCKET NUMBER | | | | | |

IF YOU HAVE ANY ASSOCIATED DOCUMENTS, PLEASE SCAN THEM AND SEND THEM ALONG WITH THE COMPLAINT. DOCUMENTS OF INTEREST MAY INCLUDE THE FOLLOWING:

- (1) REAL ESTATE DISCLOSURE FORM COMPLETED AT SALE,
- (2) HOME INSPECTION REPORT COMPLETED DURING THE SALE,
- (3) BUILDING PERMITS OR DOCUMENTS IDENTIFYING THE BUILDER OF THE HOME,
- (4) DOCUMENTS YOU MAY HAVE RELATING TO WHO POURED THE FOUNDATION,
- (5) COPIES OF ANY REPAIR CONTRACTS OR ESTIMATES OF REPAIR,
- (6) INSURANCE CLAIMS.

PLEASE ATTACH A DESCRIPTION OF THE SPECIFIC NATURE OF THE PROBLEM, INCLUDING THE LOCATION(S) WHERE IT IS OCCURRING AND WHEN THE PROBLEM APPEARED. IF YOU HAVE PHOTOGRAPHS OR VIDEO, PLEASE SEND THEM WITH DESCRIPTIONS AND LABELS.

SIGNATURE

DATE

Please 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.