CPFR-2 Rev 9/11

CONSUMER STATEMENT

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
165 Capitol Avenue Hartford CT 06106
E-Mail: attachment to dcp.frauds@ct.gov
Fax No. (860) 707-1966

1. Complete this form. Type or print CLEARLY. Be sure to include all supporting documents such as contracts, receipts, proof of payment, etc.
2. You may print and mail the complaint to the address provided or fax to the number above.
3. You may file your complaint electronically by e-mailing this form as an attachment along with all supporting documents. You may e-mail by selecting "File > Attach to Email" and copy yourself which will save a copy for your records.

For Official Use Only

YOUR NAME	HOME PHONE (Include Area Code)	BUSINESS PHONE (Include Area Code)		ARE YOU 65 OR OLDER? ☐ YES ☐ 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 ☐ YES ☐ NO	IF "YES", ENTER DATE	TYPE OF CONTRACT: ☐ ORAL ☐ WRITTEN		PRODUCT OR SERVICE INVOLVED
DATE PURCHASED	COST $	HOW PAID (CIRCLE ONE) CASH ☐ CREDIT CARD ☐ INSTALLMENT CONTRACT ☐ LAW-AWAY ☐		
WAS THE PRODUCT OR SERVICE ADVERTISED ☐ YES ☐ NO	HOW?	DATE & PLACE OF AD (PLEASE ATTACH COPY IF POSSIBLE)		
HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT? ☐ YES ☐ NO	IF "YES" ENTER DATE	PERSON CONTACTED		POSITION
HAVE YOU HIRED AN ATTORNEY ☐ YES ☐ NO	IF "YES", NAME	IS COURT ACTION PENDING? ☐ YES ☐ 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. 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.

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