



CONSUMER STATEMENT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 165 Capitol Avenue Hartford CT 06106
 E-Mail: dcp.foodandstandards@ct.gov
 Fax No. (860) 706-1251

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 | 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 CREDIT CARD INSTALLMENT CONTRACT LAW-AWAY | | |
| 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: We request a copy of your contract (if applicable) and copies of the back and front of cancelled checks. If this complaint is about cord wood, indicate whether or not you got a receipt and if so, please attach a copy of your receipt to the complaint. If this complaint is about motor fuel, please indicate the type of complaint (e.g., bad fuel, price jump, high price), and include the address of the station. If this complaint is about free air, please include the address of the station. PLEASE do not send any other paperwork or documentation with your complaint 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. Below, please provide a detailed statement of the facts involved in your complaint. 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.