



**CONSUMER STATEMENT
F&S OIL COMPLAINT**
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
165 Capitol Avenue Hartford CT 06106
E-Mail: food.standards@ct.gov
Fax Number: (860) 713-7237

1. Complete this form. Type or print CLEARLY.
2. Return form to Agency at address, fax or e-mail shown above with all required attachments.
3. Please read instructions below before filling in form.

For Official Use Only
Complaint #2008 -

Name on Contract (Last Name, First Name)	Daytime Phone (Area Code)	Alternate Number		Date Of Birth (if 60 or Older -- see below #3)	
Street Address	City	State	Zip Code	E-Mail	
F&S Subsidiary Name <input type="checkbox"/> F&S Oil Co <input type="checkbox"/> Village Oil <input type="checkbox"/> Bosse Graziano Oil Co <input type="checkbox"/> US Fuels <input type="checkbox"/> Carlson Fuel / Carlson Fuel of Meriden <input type="checkbox"/> Other _____					
Pre-Buy Oil Contract Year 2007-2008 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other		Dollars Owed	Gallons Owed	Date Contract Signed
Pre-Buy Oil Contract Year 2008-2009 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other		Dollars Owed	Gallons Owed	Date Contract Signed
Service Contract Year 2007-2008 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other		Amount Paid	Date Contract Signed	
Service Contract Year 2008-2009 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other		Amount Paid	Date Contract Signed	

Instructions:

- 1) Please fill in this form with information regarding the person who SIGNED the contract(s). If there are different people listed on each contract please file separate complaint forms for each person.
- 2) If payment was made by credit card, immediately dispute payment of the balance owed to you with your credit card company. You may be required to send proof that the company went out of business including newspaper articles. In addition they may require copies of the contract(s) and proof of damages outstanding such as account statements and delivery tickets. Keep all originals and send copies of any information requested.
- 3) If the person who is NAMED on the contract(s) was 60 years or older on the date the contract was signed, please provide that person's date of birth.
- 4) Please provide copies of all documentation to help support the complaint if available. Attached the documentation to this complaint form. This documentation should include if applicable:
 - a. Signed pre-pay contract
 - b. Signed service contract
 - c. Credit card statement
 - d. Bills and statements to support damages owed
 - e. Any other supporting materials
- 5) Please cross out on the COPIES of the documentation any reference to credit card numbers or social security numbers. Complaints are public information.

SIGNATURE

DATE