Enclosed you will find the Complaint Form which you requested. In order to process your complaint properly and to provide free assistance to you, we need your cooperation in filling out the Complaint Form as thoroughly, accurately, and legibly as possible. Please follow the enclosed instructions carefully before completing the Form and returning it to this office.

**INFORMATION WE NEED FROM YOU**

1. Please include your complete address and phone number where you can be reached during the day.

2. Provide the complete and accurate name, address, and phone number(s) of the company or individual(s) with whom you are having a dispute.

3. Be sure to attach copies of any contract, work orders, repair orders, bills, receipts, advertisements, or any other documentation that may be relevant in evaluating your complaint. **DO NOT SEND ORIGINALS**

4. Please be sure to sign your complaint form and indicate if you give permission to send a copy to the business.

When you make a copy of the complaint form for your own files, please make another copy for us and send it in with your original complaint form.

Upon receipt, your complaint will be reviewed by our staff. If we are unable to offer you assistance, but know of another agency that may be able to help you, we will provide you with the appropriate referral information. Otherwise, we will mediate the complaint through an informal process of telephone calls and letters in order to reach a mutually agreeable settlement.

This office is staffed by trained volunteer mediators who are not lawyers and thus cannot provide legal advice. If we are not able to resolve your complaint, you may seek redress either through your own attorney or through small claims court.

A computerized report of your complaint will be on file with the Department of the Attorney General so that the office can effectively monitor any emerging patterns related to your complaint and be in a position to intervene in those cases which affect a large segment of the population.

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*Working in cooperation with the State Attorney General’s Office, Boston*
Complaint Form

CONSUMER: Please supply information below
Name: ____________________________
Address: __________________________
City/State: _________________________ Zip: ________________
Tel: Home ( ) _______________ Daytime ( ) ______________

COMPLAINT IS AGAINST: Please supply information below
Name: ____________________________
Address: __________________________
City/State: _________________________ Zip: ________________
Phone: ( ) ________________________

Product/service involved: ____________________________ Date Purchased: ____________________________
Cost of product/service: ________________ Amount paid at time: ________________ Was contract signed? __________
How did you pay for this product? cash __ check __ credit card __ loan __ other (explain) ________________
How did you purchase the product? in store __ mail __ phone __ Internet __ at home __ other ________________
Person you dealt with: __________________________________________
How did you complain? By Phone __________ By Letter __________ By Email __________ In Person __________
To whom: ____________________________ When: ____________________________
What outcome do you seek? ____________________________

IF AUTO COMPLAINT: Make/Model: ____________________________ Year ________________
Date of purchase: ____________________________
Mileage at Purchase: ________________ Current Mileage: ________________
New __ Used __ Purchase Price: ________________ Purchase __________ Lease __________

Have you contacted another agency? ______ Have you hired an attorney? ______
If yes, please give the name of the agency below. ____________________________
If yes, please give the name of the attorney below. ____________________________

Working in cooperation with the Massachusetts Department of the Attorney General
Please sign the complaint form after briefly describing your consumer complaints. Try to explain your problem in chronological order using dates, if possible. Please enclose copies of any bills, receipts, contracts, advertisements, repair orders or any relevant documents when you return this completed form.

Also, state what action, if any, you have taken to resolve this problem and what you would like as a remedy. Please print or type legibly.

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