



Mayor Thomas M. Menino

# MAYOR'S OFFICE OF CONSUMER AFFAIRS AND LICENSING

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## CONSUMER COMPLAINT FORM

Please Print

Staff/ LCP/ Referral

### CONSUMER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Optional: Are you 65 years or older  yes  no

### COMPLAINT AGAINST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### NATURE OF COMPLAINT

Reason for your complaint: \_\_\_\_\_

Product/service involved: \_\_\_\_\_

Cost of product/service: \_\_\_\_\_

Amount paid to date: \_\_\_\_\_ Date of transaction: \_\_\_\_\_

Was a contract signed? \_\_\_\_\_

How did you pay for the product?

cash  check  credit card  installment plan/loan

Was product/service advertised?

mail  radio/tv  newspaper  telephone  internet

Have you complained directly to the company?

in person  by phone  by letter

To whom: \_\_\_\_\_ Date: \_\_\_\_\_

What outcome do you seek? \_\_\_\_\_

Have you contacted another agency? \_\_\_\_\_

If yes, please give the name of the agency \_\_\_\_\_

Have you hired an attorney? \_\_\_\_\_

If yes, please give the name of the attorney \_\_\_\_\_

May we send a copy of the complaint to the company?  Yes  No

