



Putnam County Office of Consumer Affairs
110 Old Route 6, Building #3
Carmel, NY 10512
Phone: (845) 808-1617
Fax: (845) 808-1930

FOR OFFICE USE ONLY

FILE NO. _____

DATE RECEIVED: _____

RECEIVED BY: _____

NOTES: _____

CONSUMER COMPLAINT FORM

Instructions:

It is important that you try to resolve your complaint with the vendor or company before filing this form with the Putnam County Office of Consumer Affairs ("PCCA"). We will not accept a complaint that does not show a sincere attempt at resolution. Please be sure that your statement is complete and factual but as brief as possible. To complete the form, answer all the appropriate questions by printing clearly in dark ink. PCCA will attempt to help you and the vendor or company reach a satisfactory agreement; however, we may be limited in our ability to assist in coming to a specific outcome. You are obligated to let us know if you are represented by an attorney or if you are representing yourself in a legal action against this vendor or company. PCCA does not provide any legal advice to the public; however, it does offer a list of helpful resources that are publicly accessible at <http://www.nycourts.gov> and on our website at <https://www.putnamcountyny.com/consumer-affairs>.

CONSUMER INFORMATION:

Name of Complainant		Telephone Number
Address	City	State/Zip Code
Email Address		

VENDOR/COMPANY INFORMATION:

Vendor/Company Name	Company Representative & Title	
Street Address	City	State/Zip Code
Phone Number	Email Address	

COMPLAINT INFORMATION:

Description of complaint: *Please print a clear description of the complaint. Attach additional pages if necessary.*

Date of Transaction	Amount Paid	Method of Payment
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Have you already paid for the product or service? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL PAYMENT	Amount in Dispute
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Did you contact the vendor about your complaint? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, date contacted	Name and title of person contacted
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Date the Contract or Order Was Signed

DESCRIPTION OF RESOLUTION YOU ARE REQUESTING: (e.g. Refund, Credit, Exchange)

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Have You Contacted an Attorney? YES <input type="checkbox"/> NO <input type="checkbox"/>	Court Action Pending? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please attach to this form, **PHOTOCOPIES** of any papers (i.e.- Contracts, Warranties, Billing Statements, Proof of Payments). **DO NOT SEND ANY ORIGINALS.**

PLEASE READ THE FOLLOWING BEFORE SIGNING

I understand that a copy of this form may be sent to the vendor or company the complaint is directed against.

I authorize the Putnam County Office of Consumer Affairs and/or their representatives to make inquires on my behalf, into all files or accounts that may be necessary to investigate the Consumer Complaint I have filed with that office. Further, I authorize the Putnam County Office of Consumer Affairs to use and supply, on my behalf, any private information included in this complaint.

In filing this complaint, I understand that the Putnam County Office of Consumer Affairs staff does not provide legal advice and is not my private attorney. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the vendor or company the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: _____

Date: _____

Return to: Putnam County Consumer Affairs
 110 Old Route 6, Building #3
 Carmel, NY 10512
 Attn: Consumer Complaints