



CONSUMER STATEMENT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 450 Columbus Blvd., Ste. 901
 Hartford CT 06103
 E-Mail to dcp.complaints@ct.gov
 or Fax to (860) 707-1966

For Official Use Only

- Consumers should continue to try to resolve their issues directly with the company involved. For suggestions on how to do this see: www.ct.gov/DCP/ComplaintCenter.
- You may also find information on the Small Claims and Superior Court process at www.jud.ct.gov.

INSTRUCTIONS

- Complete as much of this form as you are able. Type or print CLEARLY.
- Please attach copies of all relevant documents such as contracts, advertisements, receipts, proof of payment, warranties, or responses from the company regarding your complaint. We will not be able to return material so please keep copies of everything you send for your records.
- Black out any sensitive information on your attachments such as bank account or social security numbers.
- You may e-mail this form as an attachment along with all supporting documents by selecting "File > Attach to Email" and copy yourself, which will save a copy for your records. You may also mail or fax this form to the address or the fax number above.
- This document and any submissions are or may become available to the public.

PERSON MAKING THE COMPLAINT

NAME OF CONSUMER INVOLVED IN COMPLAINT		STREET ADDRESS		CITY	STATE	ZIP CODE
DAY TIME PHONE NUMBER (Include Area Code)		OTHER PHONE NUMBER (Include Area Code)		E-MAIL ADDRESS		
DO YOU HAVE AN ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES", PROVIDE ATTORNEY'S NAME AND CONTACT INFORMATION:			IS COURT ACTION PENDING? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES", IN WHAT COURT?	

IDENTIFY THE BUSINESS FOR THIS COMPLAINT

COMPANY/BUSINESS NAME		NAME AND TITLE OF CONTACT PERSON		E-MAIL ADDRESS	WEB SITE
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER (Include Area Code)

BACKGROUND INFORMATION

HAVE YOU FILED A COMPLAINT WITH ANY OTHER AGENCY? IF SO, INDICATE BELOW WHICH ONE(S):
 Connecticut: Attorney General -- Public Utilities Regulatory Authority (PURA) -- Motor Vehicles (DMV) -- Banking -- Insurance -- Other Indicate: _____
 Law Enforcement: Police Indicate Police Department : _____ Is there a police report? YES Indicate report number and date: _____
 Better Business Bureau Indicate Branch: _____

ARE YOU REQUESTING THE STATE'S HELP TO RESOLVE THIS MATTER?
 YES, I WOULD LIKE SOME ASSISTANCE
 NO, BUT I AM FILING THIS TO ALERT DCP ABOUT TROUBLING CONDUCT

If the answer is NO, you may skip to the next section: **Complaint Details**

WAS A WRITTEN ESTIMATE OR OFFER INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	WAS A WRITTEN CONTRACT INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF PURCHASE OR CONTRACT SIGNED: _____
WHAT IS THE VALUE OF THE PRODUCT OR SERVICE AT ISSUE? Over \$15,000 <input type="checkbox"/> Between \$10,000 and \$15,000 <input type="checkbox"/> Between \$5,000 and \$9,999 <input type="checkbox"/> Between \$1,000 and \$4,999 <input type="checkbox"/> Between \$500 and \$999 <input type="checkbox"/> Between \$100 and \$499 <input type="checkbox"/> Between \$50 and \$99 <input type="checkbox"/> Between \$10 and \$49 <input type="checkbox"/> Less than \$10 <input type="checkbox"/>		HOW MUCH HAVE YOU PAID? \$ _____
HOW DID YOU PAY? CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> OTHER <input type="checkbox"/> _____ (IF PAID BY CARD, DID YOU DISPUTE THE CHARGES?: YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS A WARRANTY PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>
		WHAT REMEDY ARE YOU REQUESTING? FULL REFUND <input type="checkbox"/> PARTIAL REFUND OF \$ _____ <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> CANCELLATION OF ORDER <input type="checkbox"/> OTHER <input type="checkbox"/> _____

COMPLAINT DETAILS

What product or service did you buy or attempt to buy?

What product or service did you receive or were you offered?

How was what you received/offered different than what you expected or what was advertised?

HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT?

YES NO

IF "YES" ENTER DATE

PERSON CONTACTED

POSITION

If you contacted the company, what was their response or offer to you?

Is there is other information that would be helpful to the Department in understanding your complaint? Explain. Attach as many additional pages as needed to complete your statement.

Supporting Documentation

Check all documents that you are including as attachments. We will not be able to return material so please keep copies of everything you send for your records.

Contracts (including change orders) Proof of Payment (receipts, cancelled checks, credit card or bank statement)
Responses from the company regarding your complaint Advertisements (including business cards)
Estimates of repair Photos (include date taken and name of photographer) Insurance Warranties
Building permits (general) Building permits (specific trades – electrical, plumbing, HVAC) Certificate of Occupancy

SIGNATURE

DATE

Note: All complaints are public information. The complaint will be shared with the business and will be available to the public.