



**CONSUMER STATEMENT**  
 STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 450 Columbus Blvd., Ste. 901  
 Hartford CT 06103  
 E-Mail to [dcp.complaints@ct.gov](mailto: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](http://www.ct.gov/DCP/ComplaintCenter).
- You may also find information on the Small Claims and Superior Court process at [www.jud.ct.gov](http://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. PLEASE DO NOT SUBMIT YOUR COMPLAINT THROUGH MORE THAN ONE METHOD, AS THAT MAY SLOW THE PROCESSING.
- 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: _____
		WERE YOU 60 OR OLDER ON THAT DATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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? \$ _____	WAS A WARRANTY PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/>	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.

**PLEASE NOTE:** DCP is responsible for ensuring that businesses follow all consumer laws and guard against deceptive business practices. We also enforce licensing requirements. If, after an investigation, we have sufficient evidence that a business is violating the law, we may open a case on behalf of the State of Connecticut. DCP has the authority to work with the business to correct illegal practices, bring enforcement actions, and/or assess penalties.

DCP does not act as legal representation for individuals. DCP also has limited authority to address complaints of customer service or quality of workmanship.

Our complaint center can mediate and facilitate mutually agreeable resolutions to consumer complaints. However, if the two parties fail to come to an agreement, the consumer may pursue their complaint in the court system.

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SIGNATURE

DATE

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