CPFR-2 Rev 2026

CONSUMER COMPLAINT 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

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/Complaint.

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, permit(s), 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. If you don't have any of these, please confirm that below.
- **PHOTOS and VIDEO of workmanship are not reviewed; please do not include with your complaint.**
- 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 (YOUR NAME)	STREET ADDRESS	CITY	STATE	ZIP CODE

DAY TIME PHONE NUMBER (Include Area Code)	OTHER PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS

SECONDARY CONTACT NAME (IF APPLICABLE)	SECONDARY CONTACT NUMBER	SECONDARY CONTACT E-MAIL ADDRESS

DO YOU HAVE AN ATTORNEY? YES ☐ NO ☐	IF "YES", PROVIDE ATTORNEY'S NAME AND CONTACT INFORMATION:	IS COURT ACTION PENDING? YES ☐ NO ☐ DOCKET NUMBER:	PREFERRED LANGUAGE FOR COMMUNICATION

RESPONDENT – PERSON OR BUSINESS NAME

COMPANY/BUSINESS NAME	NAME AND TITLE OF CONTACT PERSON	E-MAIL ADDRESS	LICENSE NUMBER

BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER (Include Area Code)	WEB SITE

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:

IF filed with DCP, **DCP FILE NUMBER:** WHO DID YOU WORK WITH?

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 NO, skip to the next page: Complaint Details**

WAS A WRITTEN ESTIMATE OR OFFER INVOLVED? YES ◯ NO ◯

WAS A WRITTEN CONTRACT INVOLVED? YES ☐ NO ☐

DATE OF PURCHASE *OR* CONTRACT SIGNED: _____

WERE YOU 60 OR OLDER ON THAT DATE? YES ☐ NO ☐

WHAT IS THE VALUE OF THE PRODUCT OR SERVICE AT ISSUE?

Over $15,000 ☐ Between $10,000 and $15,000 ☐ Between $5,000 and $9,999 ☐

Between $1,000 and $4,999 ☐ Between $500 and $999 ☐ Between $100 and $499 ☐

Between $50 and $99 ☐ Between $10 and $49 ☐ Less than $10 ☐

HOW MUCH HAVE YOU PAID?

$_____

WAS A WARRANTY PROVIDED? YES ☐ NO ☐

HOW DID YOU PAY?

CASH ☐ CREDIT CARD ☐ DEBIT CARD ☐ CHECK ☐ OTHER ☐ _____

(IF PAID BY CARD, DID YOU DISPUTE THE CHARGES? : YES ☐ NO ☐)

WHAT REMEDY ARE YOU REQUESTING?

FULL REFUND ☐ PARTIAL REFUND OF $_____ ☐ REPLACEMENT ☐

REPAIR ☐ CANCELLATION OF ORDER ☐ OTHER ☐ _____

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.

SIGNATURE DATE

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