



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

COMPLAINT FORM INSTRUCTIONS

PLEASE BE SURE TO COMPLETE EACH AND EVERY SECTION OF THE COMPLAINT FORM INCLUDING: DATES, ADDRESSES, CONTACT INFORMATION, RESOLUTION REQUESTED, PRIOR CONTACTS AND SIGNATURE AND INCLUDE ANY ATTACHMENTS AS DESCRIBED BELOW.

To expedite investigation of a complaint, **ALL OF THE FOLLOWING DOCUMENTATION (Copies of Original Items) MUST BE ATTACHED:**

- **CONTRACT (ALL PAGES, FRONT AND BACK)** – Any written agreement signed by both the vendor and the consumer constitutes a contract. An estimate signed by both parties also constitutes a contract. If there is no written agreement, please state so in the **NATURE OF COMPLAINT OR PROBLEM** section of the **COMPLAINT FORM**.
- **METHOD OF PAYMENT** – Include copies of **ALL CHECKS, FRONT AND BACK**. If payment was made by credit card or cash, please indicate so in the **NATURE OF COMPLAINT** section of the **COMPLAINT FORM**.
- **CHANGE ORDERS** – Please include any documents that were prepared after an agreement on the scope of work was reached by signed contract or estimate, including **ANY AND ALL ADDITIONAL LABOR AND MATERIALS**.
- **CORRESPONDENCE** – Copies of any correspondence between the vendor and the consumer regarding the contract, work, pricing, schedule of work, etc., including mail, e-mail, texts, letters, billing statements and warranty information/contracts, etc.
- **INVOICES, SIGNATURES AND OTHER RELATED INFORMATION** – Any documentation regarding the work to be performed, the materials to be used or the method of work that is not included in the items listed above.
- **RECEIPT(S)** and/or sales slips and invoices.



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www.suffolkcountyny.gov/consumeraffairs

COMPLAINT FORM Check box if Sandy-related

Use this form to request assistance from this Department. Attach **COPIES** of appropriate documentation (correspondence, invoices, contracts, and related information). This material is necessary in order to attempt resolution of your complaint. Please use black ink.

PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION

Consumer Information	Vendor Information
Your Name:	Name of Person or firm complaint is about
Address - Number and Street	Address - Number and Street
City State Zip	City State Zip
Telephone (include area code) Home	Telephone (include area code)
Cell	Fax
Business	Your Account or Invoice number
Fax	
Email Address	Email Address
Your Mailing Address - if different from above	Name of person with whom you dealt at the facility
\$ Amount Disputed	Date of Transaction \$ Amount of Transaction

NATURE OF COMPLAINT OR PROBLEM: (Attach additional pages if necessary) _____

THE RESOLUTION YOU DESIRE:

Exchange Refund Repair Deposit Returned Other restitution (Identify) _____

Have you complained to any of the following?

To	Check if Yes	Date Contacted	Name
The Company	<input type="checkbox"/>		
An Attorney	<input type="checkbox"/>		
Other Agency	<input type="checkbox"/>		

PLEASE: ENCLOSE COPIES (not originals) OF ANY PERTINENT DOCUMENTS.

Supporting documentation must be attached before complaint can be processed.

I UNDERSTAND THAT CONSUMER AFFAIRS MAY SEND A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION TO THE VENDOR OR TO ANOTHER AGENCY FOR RESOLUTION.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

x _____

(Signature)

(Date)

Email to consumer.affairs@suffolkcountyny.gov, or return signed forms to:

Suffolk County Department of Labor, Licensing & Consumer Affairs, P.O. Box 6100, Hauppauge N.Y. 11788-0099