

MONMOUTH COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
PATRICIA WATSON, DIRECTOR
Hall of Records Annex
1 E. Main Street
P.O. Box 1255
Freehold, NJ 07728-1255
732-431-7900

Your Name _____	Business _____ (Name of Company You are Complaining About)
Street _____	Street _____
Town _____ Zip _____	P.O. Box _____
Residential Phone _____	Town _____ Zip _____
Business Phone _____	Phone _____
Cell Phone _____	Cell Phone _____

IMPORTANT: PLEASE READ AND COMPLETE THE ENTIRE COMPLAINT FORM CAREFULLY BEFORE YOU SIGN IT. Fill in all spaces to avoid delay. We need legible copies of all papers pertinent to the transaction. **THIS DEPARTMENT IS NOT RESPONSIBLE FOR ORIGINAL DOCUMENTS. PLEASE ALLOW 2 WEEKS FOR ACTION. MAIL TO ADDRESS LISTED ABOVE. WE DO NOT ACCEPT FAXED OR EMAILED COMPLAINTS.**

COPY & SEND:

1. Contracts, Invoices, Service Orders, Work Orders, Estimates & Receipts
2. Both sides of Cancelled Checks, Credit Card Statements or other proof of payment.
3. Bills, Advertisements, copies of Correspondence to and from business
4. Warranties, and/or Guarantees

You must attempt to resolve this complaint yourself, prior to mailing this to the Department of Consumer Affairs. **COMPLETE THE FOLLOWING:**

- 1) Date of Transaction _____ Did you complain to Company? _____
- 2) Person to Whom You Spoke _____ Date of Complaint _____

RESPONSE RECEIVED _____

- 3) Amount of Money or Value of Goods and/or Services Involved _____
- 4) Account or Credit Card Number, if any _____
- 5) Were you led to product through advertising? Yes No
When _____ Where _____

6) IMPORTANT-YOU MUST CHECK RESOLUTION YOU DESIRE:

- REFUND**
REPAIR
CONTRACT RECISSION
OTHER, EXPLAIN _____

- 7) If you have referred this complaint to another agency, hired an attorney or filed in Small Claims Court, please indicate below:

_____	_____
Name	Address

