## THIS OFFICE IS SUBJECT TO THE FREEDOM OF INFORMATION LAW

## **CONSUMER COMPLAINT FORM**

## NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS

Date 200 County Seat Drive, Mineola, N.Y. 11501	
(516) 571-2600	Disp.
CASE#	' L
	CLASS TYPE INV.
For Office Use On	hy
PRINT OR TYPE O	
COMPLAINT TO BE FILED AGAINST:	
COMPANY YOU NAM	
ADDRESS	s
CITY	Υ
State Zip	State Zip
VENDOR'S TELEPHONE # YOUR DAY  ATTENTION: YOU MUST ATTACH COPIES OF CONTRACTS, (NOT RESPON	TIME TELEPHONE#
GUARANTEES, ADS, CHECKS (FRONT & BACK) ETC. IF THIS IS NOT DONE YOUR COMPLAINT MAY NOT BE PROCESSED. RETURN ALL COPIES OF THIS FORM.	
DATE OF CONTRACT OR PURCHASE DATE YOU COMPLA	AINED TO COTO WHOM
HOW PAID:	
HAVE YOU REFERRED THIS COMPLAINT TO ANOTHER AGENCY, ATTORNEY OR SMALL CLAIMS COURT?	
WHAT SATISFACTION ARE YOU REQUESTING?	
GIVE SPECIFIC DETAILS OF COMPLAINT:	
GIVE GI EGII IO DE IVILEO GI GGINI E IIIVI.	
I declare, subject to penalties of perjury, that all the statements	made in this complaint, including statements
made in any accompanying papers, have been examined by m	
are true and correct. Complaint form must be signed.	·
YOUR SIGNATURE	DATE
TOUR SIGNATURE	DATE
IN REPLY REFER TO	***
Investigator	**A copy of this form may be forwarded to the
Telephone Number 516-571	VENDOR by the Office of Consumer Affairs.

CA-3084. 4/81. REV. 8/01