



New Jersey Office of the Attorney General

Division of Consumer Affairs

P.O. Box 45025

Newark, New Jersey 07101

(973) 504-6200

(800) 242-5846

E-Mail: AskConsumerAffairs@dca.lps.state.nj.us

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the investigation is closed. You are also advised that the completed complaint form is a "government record," subject to disclosure under the Open Public Records Act (OPRA).

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____
(include area code)

WORK TELEPHONE NUMBER: _____
(include area code)

* E-MAIL ADDRESS: _____

* **NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.**

BUSINESS: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER (1): _____
(include area code)

TELEPHONE NUMBER (2): _____
(include area code)

For statistical and informational purposes only. Your age: 18-29 30-44 45-59 60 or older

1. Nature of complaint (please check the appropriate box(es)):

- Automotive Automotive Repairs Banking Credit Card
- Charity Direct Mail/Sweepstakes Home Repair Internet/Cyberspace
- Professional Service Stocks/Securities Telemarketing Telecommunications
- Bingo/Raffle Health Club Warranty Advertising
- Wheelchair Lemon Law Weighing/Measuring Devices Used Car Lemon Law New Car Lemon Law
- Furniture Other (specify) _____

2. If your complaint involves a motor vehicle, please provide the following information:

- a. New Used
- b. Purchased Leased
- c. Purchase Price _____ Current Mileage _____
- d. Date of Purchase _____ With Warranty With Service Contract As Is
- e. Make _____ Model _____ Year _____

3. Name of company you dealt with: _____

4. Name and title of company agents or employees you dealt with: _____

5. Describe the facts of your complaint in the order in which they happened. Type or print clearly. Use additional sheets of paper, if necessary. **Attach readable copies (NO ORIGINALS) of any complaint-related contracts, bills, receipts, cancelled checks, correspondence or any other documents you feel are related to your complaint.**

6. The amount of loss involved in this complaint: \$ _____. Please provide a breakdown of these losses:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.

*Signature**

Date

*** This certification must be signed by the person completing the form.**