



MAYOR'S OFFICE OF CONSUMER INFORMATION

City Hall
36 Court Street
Springfield, MA 01103-1699

Tel: (413) 787-6437
TTY: (413) 787-6154

CONSUMER COMPLAINT FORM

Consumer Information

Name

Address

City

State

Zip Code

Daytime # ()

Secondary # ()

Email

Check here if you are over 60 (NOTE: You are not required to provide this information to file a complaint, but having it may help us serve you more effectively)

Information on the business that is the subject of this complaint

Name

Address

City

State

Zip Code

Phone # ()

Website (if applicable)

Pertinent Information

Product/Service Involved

Cost of product/service \$

Amount paid to date \$

Transaction Date

Have you complained to the business? Yes No

If yes, to who have you complained?

For motor vehicle purchase complaints only (not auto repair complaints)

Make & Model

Year

Purchase Price \$

Do not skip: Mileage at time of purchase

Current mileage

Has the vehicle passed State Inspection? Yes No

(Please complete both sides of complaint form)

Information on your complaint

Describe the FACTS pertaining to the problem or concern that this complaint is about.
Use additional sheet if necessary

Have you previously contacted the Attorney General's Office or any other agency about this problem?
Yes No If yes, name the office or agency?

Have you hired an attorney to represent you in this matter? Yes No
If yes, what is the name of your attorney?

Has this matter ever been taken to court? Yes No

What outcome do you seek from filing this complaint?

Do you want us to mediate your complaint? Yes No
If yes, what resolution do you seek?

CONFIDENTIALITY: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

Are you willing for us to send this complaint to the business you are complaining about and do you authorize that business to release any and all information with regard to this complaint to the Attorney General's Office/Mayor's Office of Consumer Information? Yes No

Note: *Complaint is invalid without your signature.*

By signing my name, I certify that the information I have provided is true and correct to the best of my knowledge.

Signature

Date

Reminder: Remember to attach **copies** of supporting documents (*i.e.* contracts, receipts, bills) when submitting your complaint to the Mayor's Office of Consumer Information. *Thank you.*