



MAYOR'S OFFICE OF CONSUMER INFORMATION

City Hall

36 Court Street

Springfield, Massachusetts 01103-1699

Tel: (413) 787-6437

TTY: (413) 787-6154

*PLEASE READ THIS LETTER IN ITS ENTIRETY
AND KEEP FOR FUTURE REFERENCE*

The *Mayor's Office of Consumer Information* ("MOCI") is a Local Consumer Protection Office of the Massachusetts Attorney General's Office ("AGO") serving residents of Hampden County, as well as non-resident consumers who have a dispute with a business in our jurisdiction. Our mediators are trained in complaint resolution and consumer rights. We are not staffed with attorneys and, therefore, cannot provide legal representation or advice. Information gathered by the MOCI is available to the AGO who uses it to identify trends and for potential legal action on behalf of large numbers of affected consumers.

NOTE: Due to the large volume of complaints the MOCI receives, there may be seasonal delays in the processing of your complaint. *We ask for your patience.* Although the MOCI works on a first-come basis, it reserves the right to advance a complaint which requires immediate attention due to time limitations.

OUR PROCESS: Once your complaint has been evaluated and assigned to a mediator, we will attempt to mediate through an informal process involving letters and telephone calls in an effort to reach a mutually agreeable settlement. It is important that you keep the MOCI informed of any new developments on your case once your complaint is filed. If mediation efforts are unsuccessful, you will be advised to seek other options that may be available, such as redress through Arbitration or Small Claims Court.

INSTRUCTIONS: You must complete both sides of the form and sign it. Return the original complaint form to the MOCI along with copies of supporting documents, contracts, bills or receipts that may help us evaluate your complaint.



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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 whom have you complained?

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

Make/Model

Year

Purchase Price \$

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, which office or agency?

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