GLOUCESTER COUNTY DEPARTMENT OF CONSUMER PROTECTION
COMPLAINT FORM
(please print or type)

COMPLAINANT:

YOUR NAME: _________________________________________________________
First Name       M.I.                             Last Name

ADDRESS: ________________________________________________________________
No. & Street                                                    City & State
MUNICIPALITY ____________________ ZIP CODE __________________________

TELEPHONE NUMBER _________________________________________________
Home    Business    Cell

COMPLAINT AGAINST:

NAME:___________________________________________________________
Company or Firm

ADDRESS: _____________________________________________________________
No. & Street                  City & State

TELEPHONE NUMBER_________________________ ZIP CODE________________________

SALESPEerson or REPRESENTATIVE________________________________________________

COMPLAINT DETAILS:

DATE OF TRANSACTION__________________ AMOUNT INVOLVED________________________

DID YOU COMPLAIN TO THE COMPANY?_________________ DATE:_______________________

PERSON YOU SPOKE WITH________________________________________________________

ADDITIONAL INFORMATION (if applicable)

1. Has a lawsuit been filed in Small Claims Court? _____Date Filed ______________ Docket No._______________________

2. Did you complain to another agency?_________ Agency’s name _____________________________________________

3. Have you retained an Attorney? _________ Attorney’s name________________________________________________

4. Were you led to the product thru advertising?

4a. When_______________________________ Where____________________________________________________

5. Does product have serial number #_______________________________________________________________

6. Does product have model number______________________ #_____________________________________________

7. Does complaint involve a Motor Vehicle? _________New ___ Used ____Date of Purchase __________________________

7a. Make________________________________________ Year___________________ Model_______________________________
Describe the events as they occurred (attach additional sheets if needed)

How would you like this complaint resolved:

Please carefully read the following prior to signing below:

PLEASE ATTACH COPIES of any and all supporting documents including: contracts, invoices received, receipts, cancelled checks, credit card transactions, correspondence and or any other documents that may support your complaint.

In order to resolve your complaint we will send copies of this form including all attachments to the person(s) or firm that are the subject(s) of your complaint.

The information contained in this complaint is true, correct and complete to the best of my knowledge.

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

DATE ___________________________ Signature of complainant (s)

After signing, please forward this form along with all supporting documents to:

GLOUCESTER COUNTY OFFICE OF CONSUMER PROTECTION
254 County House Road
Clarksboro, New Jersey 08020
(856) 384-6855

NOTE: we cannot accept faxed copies. We must have original signatures in order to process and or investigate your complaint.