

Describe the events as they occurred (attach extra sheets if needed)

How do you want this complaint resolved:

READ THE FOLLOWING BEFORE SIGNING BELOW:

PLEASE ATTACH TO THIS FORM COPIES of any and all documents involved including: contracts, bills received, receipts, cancelled checks, correspondence, orders, or any other relevant documents.

In order to resolve your complaint, we will send a copy of this form and attachments to the business.

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

DATE

SIGNATURE

After signing, mail to:

**GLOUCESTER COUNTY OFFICE OF CONSUMER PROTECTION
204 East Holly Avenue
Sewell, New Jersey 08080
(856) 218-4185
(856) 218-4143 (fax)**

WE CAN NOT ACCEPT FAXED COPIES. WE MUST HAVE AN ORIGINAL SIGNATURE IN ORDER TO INVESTIGATE YOUR COMPLAINT.