



COUNTY OF BERGEN & COUNTY OF PASSAIC

Department of Public Safety

DIVISION OF CONSUMER AFFAIRS
OFFICE OF CONSUMER PROTECTION

220 E Ridgewood Avenue, Paramus, NJ 07652

Telephone 201-336-6400 Fax 201-336-6416

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 completion of the investigation. You are also advised that the completed complaint form is a "**government record**," which this entity may be obligated to provide to anyone making a request pursuant to the **Open Public Records Act (OPRA)**.

COMPLAINT REPORTED BY:

COMPANY REPORTING AGAINST:

NAME: _____

BUSINESS: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

HOME TELEPHONE NUMBER: _____

TELEPHONE NUMBER (1): _____

CELL TELEPHONE NUMBER: _____

TELEPHONE NUMBER (2): _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

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):

Advertising

Automotive

Automotive Leasing

Automotive- New Car

Automotive- Used Car

Automotive Repairs

Furniture

Health Club

Home Improvements/Repairs

Warranty/Guarantee

Wheelchair Lemon Law

Other (specify) _____

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

a. Purchase Price _____ Current Mileage _____

b. Date of purchase _____ {check one of the following}:

With Warranty

With Service

Contract As Is

c. Make _____ Model _____ Year _____

d. Name of the company with which you dealt: _____

e. Name and title of the company's agents or employees with whom you dealt: _____

3. Please circle the applicable information below:

Was there a contract? Yes or No

Has there been any court action? Yes or No

Are you represented by an attorney? Yes or No

Have you contacted any other agencies? Yes or No If so, which: _____

