

3.

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 REPORTE | DBY: | | | C | OMPANY REPORTING AGAINST: |
|------------------------------------------|----------------------|-----------|--------|-----------------------|---------------------------|
| NAME: | | | | | |
| ADDRESS: | | | | ADDRESS: | |
| CITY: | | | | CITY: | |
| STATE: | ZIP: | | | STATE: | 7IP· |
| HOME TELEPHONE NUMBER: | | | | TELEPHONE N | NUMBER (1): |
| CELL TELEPHONE NUMBER:E-MAIL ADDRESS: | | | | IELEPHONE NUMBER (2): | |
| E-MAIL ADDRESS. | | | | E-MAIL ADDR | RESS: |
| For statistical and informational purpo | ses onl | y. Your a | age: | 18-29 30-44 | 45-5960 or Older |
| 1. Nature of complaint (please check th | e approj | priate bo | x(es): | | |
| Advertising | FA | utomoti | ive | | Automotive Leasing |
| Automotive- New Car | Automotive- Used Car | | | Car | Automotive Repairs |
| Furniture | Health Club | | | | Home Improvements/Repairs |
| Warranty/Guarantee Wheelchair Lem | | | | n Law | 1 improvements/Repairs |
| | | | | | |
| a. Purchase Price | | (20) | | | |
| b. Date of purchase | | | | following}: | |
| With Warranty With Servi | • | | | | |
| c. Make | | | | | |
| d. Name of the company with which you | dealt: | | | | 2 |
| e. Name and title of the company's agen | | | | | |
| | | | | | |
| Please circle the applicable information | halow | | | | |
| | | | | | |
| Vas there a contract? | Yes | or | No | | |
| as there been any court action? | Yes | or | No | | |
| re you represented by an attorney? | Yes | or | No | | |
| ave you contacted any other agencies? | Yes | or | No | If so, which: | |
| ave you contacted any other agencies? | Yes | or | INO | If so, which: | |

| i. The amount of loss involved in this complaint: \$ | . Please provide a breakdown of these losses: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| - | |
| LEASE READ BEFORE SIGNING: | |
| This entity cannot take investigation action withou | ut all pertinent paperwork and documentation. |
| torney, but represents the public in enforcing the laws that is iness practices. I also understand that if I have any quentuments and the constitution of the Constitu | y of Bergen/Passaic Division of Consumer Affairs is not my prival at are designed to protect the public from misleading or unlawficestions concerning my legal rights or responsibilities, I should ounty of Bergen/Passaic Division of Consumer Affairs cannot give may be forwarded to the business or person with whom the complain |
| directed. I certify that the foregoing statements made by me | are accurate and true to the best of my knowledge. |
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