



## FILE YOUR COMPLAINT

Thank you for contacting the New York City Department of Consumer Affairs (DCA). Please complete this form. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable. You must provide information marked with a star (\*).

Mail TWO copies of this completed form and related documents (e.g., store receipts, warranties, contracts, etc.) to DCA. Do not send originals.

NYC Department of Consumer Affairs

☐ Yes

☐ No

Consumer Services Division 42 Broadway, 9th Floor New York, NY 10004					
D	oid You Contact the Business?				
plea	DCA advises you to contact the business directly in an initial attempt to resolve your complaint. When contacting the business, please keep a log of all telephone calls and copies of letters that you send. If your attempts to resolve the issue yourself are unsuccessful, then we advise you to file your complaint with DCA.				
	you attempt to resolve your complaint with the business? o, please explain why not.		☐ Yes ☐ No		
V	Vhat Do You Want DCA to Do?				
Che	eck ONE box only.				
	I want help with my complaint. See back for requested action.		I do <i>not</i> want help with my complaint. However, I want this business investigated for unfair business practices.		
	ou request help, we will contact you. DCA receives a y high volume of complaints, so please be patient.		If you do not request help, we will not contact you, but will use the information you provide to investigate the		
If you have not heard from us after 45 days, please call 311 and ask to be transferred to DCA to check the status of your complaint. Have your docket number handy. See the enclosed "What happens to your complaint?" sheet for more information.			reported business' practices.		
Is	s Your Complaint against a Home Improveme	ent	Contractor?		
	our complaint is against a home improvement contractor, please home must be located in New York City. We cannot help with c				
1.	Was work done on a:	4.	The state of the s		
	☐ Single or two-family house		for you? Yes No		
	<ul> <li>Residential building owned by you as an individual having four units or less</li> </ul>	5.	Does the contractor have a lien against your home?  Yes No		
	Co-op or condo owned by you	6.	Do you have a written contract?		
2.	Is the contractor presently working in your home?  ☐ Yes ☐ No	٥.	☐ Yes ☐ No		
3.	Have you had to move out of your home due to the	7.	Is the job location different than your home address?  ☐ Yes ☐ No		

8. Did the contractor provide a written warranty to you?

☐ No

☐ Yes

Tell Us about Your Complaint	
Reason for your complaint	
*Product/Service involved	*Date of transaction
Was this an Internet order or purchase?	duct/service*Amount paid to date
How did you pay? Cash Check Credit card	duct/serviceamount paid to date
	a □ Voo □ No
If you paid by credit card, have you contacted your credit card *Is this matter pending in court? If yes, what court?	
What action are you seeking from DCA to resolve this complain	
	tion of contract terms □ Refund □ Cancellation of contract
Note: If you checked one of the boxes above, you must check	
Briefly describe your complaint. Use additional page	
Provide Your Information	
*Name	
(First and Last)	
*Home Address(Include Apartment #)	
	Country
*Contact number_	
Are you currently serving on active duty in the U.S. Armed	
Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No	0
Would you like to receive electronic communications from	n DCA? ☐ Yes ☐ No
If Yes, provide E-mail	
*Print Name*Signatu	ıre*Date
Provide Information about the Business	
*Business Name	
*Address	*Daytime Phone
*City, State, ZIP	*Fax
	(For home improvement contractor complaints, answer the questions on front.)

\_\_\_\_\*License #\_\_\_

E-mail\_\_