

Consumer Assistance Office - Metro West, Inc.

209 West Central Street, Natick, MA 01760 • (508) 651-8812

www.consumermetrowest.org

Enclosed you will find the Complaint Form which you requested. In order to process your complaint properly and to provide free assistance to you, we need your cooperation in filling out the Complaint Form as thoroughly, accurately, and legibly as possible. Please follow the enclosed instructions carefully before completing the Form and returning it to this office.

INFORMATION WE NEED FROM YOU

1. Please include your complete address and phone number where you can be reached during the day.
2. Provide the complete and accurate name, address, and phone number(s) of the company or individual(s) with whom you are having a dispute.
3. Be sure to attach copies of any contract, work orders, repair orders, bills, receipts, advertisements, or any other documentation that may be relevant in evaluating your complaint. DO NOT SEND ORIGINALS
4. Please be sure to sign your complaint form and indicate if you give permission to send a copy to the business.

When you make a copy of the complaint form for your own files, please make another copy for us and send it in with your original complaint form.

Upon receipt, your complaint will be reviewed by our staff. If we are unable to offer you assistance, but know of another agency that may be able to help you, we will provide you with the appropriate referral information. Otherwise, we will mediate the complaint through an informal process of telephone calls and letters in order to reach a mutually agreeable settlement.

This office is staffed by trained volunteer mediators who are not lawyers and thus cannot provide legal advice. If we are not able to resolve your complaint, you may seek redress either through your own attorney or through small claims court.

A computerized report of your complaint will be on file with the Department of the Attorney General so that the office can effectively monitor any emerging patterns related to your complaint and be in a position to intervene in those cases which affect a large segment of the population.



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Complaint Form

CASE# FOR OFFICE USE _____

CONSUMER: Please supply information below

Name: _____

Address: _____

City/State: _____ Zip: _____

Tel: Home() _____ Daytime() _____

COMPLAINT IS AGAINST: Please supply information below

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: () _____

Product/service involved: _____ Date Purchased: _____

Cost of product/service: _____ Amount paid at time: _____ Was contract signed? _____

How did you pay for this product? cash____ check____ credit card____ loan____ other(explain)_____

How did you purchase the product? in store____ mail____ phone____ Internet____ at home____ other_____

Person you dealt with: _____

How did you complain? By Phone____ By Letter____ By Email____ In Person____

To whom: _____ When: _____

What outcome do you seek? _____

IF AUTO COMPLAINT: Make/Model _____ Year _____

Date of purchase _____

Mileage at Purchase _____ Current Mileage _____

New____ Used____ Purchase Price _____ Purchase _____ Lease _____

Have you contacted another agency? _____

If yes, please give the name of the agency below.

Have you hired an attorney? _____

If yes, please give the name of the attorney below.

Working in cooperation with the Massachusetts Department of the Attorney General

Also, state what action, if any, you have taken to resolve this problem and what you would like as a remedy. Please print or type legibly.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ Date: _____

Your complaint form may be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, address, or phone number, or any other information on that form that identifies you, and will not disclose this form in response to any request for complaints submitted by you. Your record in its entirety may, however, be disclosed to state and federal authorities as required by law, and to law enforcement and regulatory agencies who may assist in resolving your complaint.