
Erie County Department of Public Advocacy

Division of Consumer Protection
95 Franklin Street, Room 651, Buffalo, NY 14202-3904
Tel: (716) 858-1987 • Fax: (716) 858-8311
[Erie.gov/ConsumerProtection](https://www3.erie.gov/consumerprotection/)
ConsumerProtection@erie.gov

**COMPLAINT FORM**

Use this form to request assistance from this Department. Attach **COPIES** of appropriate documentation (correspondence, invoices, contracts, and related information). This material is necessary to attempt resolution of your complaint. **Please use black ink.**

**PLEASE PRINT OR TYPE ALL ENTRIES • COMPLETE CONSUMER *AND* VENDOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Consumer Information** |  | **Vendor Information** |
| Your Name: |  | Name of Person or Firm: |  |
| Address: Number & Street: |  | Address: Number & Street: |  |
| City, State, ZIP: |  | City, State, ZIP: |  |
| Phone, Mobile: |  | Phone (including area code): |  |
| Phone, Business: |  | Phone, Fax: |  |
| Phone, Fax: |  | Your Account or Invoice Number: |  |
| Email Address: |  | Email Address: |  |
| Your address, if different from above: |  | Name of person(s) you dealt with at facility: |  |
| Amount Disputed ($): |  | Date of Transaction: |  | Amount of Transaction ($): |

NATURE OF COMPLAINT OR PROBLEM (attach additional pages if necessary):

The resolution sought:

¨ Exchange ¨ Refund ¨ Repair ¨ Deposit Returned ¨ Other Restitution (Identify):

Have you complained to any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| To | Check if Yes | Date Contacted  | Name |
| Company | ¨ |  |  |
| Attorney | ¨ |  |  |
| Other | ¨ |  |  |

**Supporting documentation must be attached before complaint can be processed.**

* I understand that Erie County Division of Consumer Protection may send a copy of this form and any or all, of the enclosed information to the vendor or another agency for resolution.
* I hereby certify that the information I have given is true and complete to the best of my knowledge.
* I understand that Erie County Division of Consumer Protection complies with the Freedom of Information Law.
* I Authorize the Erie County Division of Consumer Protection to act on my behalf in the mediation of this complaint.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

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(Signature)(Date)