



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
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	<input type="checkbox"/>		
Attorney	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

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.

(Signature)	(Date)
-------------	--------