

Consumer Protection Bureau
87 Nepperhan Ave Room 212
Yonkers, New York 10701

CITY OF YONKERS
CONSUMER COMPLAINT
FORM

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTION FOR USING THIS FORM

1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
2. Please type or print clearly in ink. Illegible forms may be returned to you.
3. Complete the entire form. Incomplete forms may be returned to you. Use additional paper if necessary.
4. Attach photocopies of any papers involved in the transaction (contracts, receipts, statement, the front and back of canceled checks, correspondence, warranties, etc).

CONSUMER INFORMATION

Your Name			Home Phone
Street Address			Work Phone
Post Office Box			Beeper/Cell
City	State	Zip	Fax Number
			E-mail

COMPLAINT INFORMATION

Business Name			Home Phone
Street Address			Work Phone
Post Office Box			Beeper/Cell
City	State	Zip	Fax Number
Website			E-mail

Other Contact Information

Type of Transaction? (e.g. Auto Repair, Home Repair, Retailing, Telephone, etc):

Date of Transaction?	Amount Paid?	How Paid?
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Sign a Contract? <input type="checkbox"/> yes <input type="checkbox"/> no	Where?	Date Signed?
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Date Complained to Business?	Complained To:	Their Position:
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Did they respond? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, date and nature of response:
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Court Action Pending? <input type="checkbox"/> yes <input type="checkbox"/> no	What Court?	Court Date?
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Have you submitted this matter to an attorney or another agency? yes no
If yes, give the name, address and phone number for the Attorney or Agency

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Complaint Number: _____ - _____	Assigned to: _____
Date Opened: ___ / ___ / ___	Outcome: _____
Date Closed: ___ / ___ / ___	Restitution: Yes _____ No _____ \$ _____

Mike Spano, Mayor
John Liszewski, Commissioner, Finance
Consumer Protection Bureau: Kerry O'Brien Hess, Director

Briefly Describe Your Complaint. (If Necessary, Use An Additional Sheet of Paper)

What Form of Relief Are You Seeking? (e.g. exchange, repair, money back, etcetera)

Read and Understand the Following Before Signing Below

I understand that a copy of this form may be sent to the business or person the complaint is directed against.

I authorize the City of Yonkers' Consumer Protection Bureau and/or their representative, to make inquiries on my behalf, into any and all files or accounts that may be necessary to investigate the complaint I have filed with the bureau. Further, I authorize the City of Yonkers' Consumer Bureau to use and supply, on my behalf, any private information included in this complaint.

In filing this complaint, I understand that the City of Yonkers' Consumer Bureau staff does not provide legal advice and is not my private attorney. I understand that City of Yonkers' Consumer Bureau represents the consumer perspective in the effort to protect the public from misleading or unlawful business practices and in the effort to resolve disputes. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or individual the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I understand that any false statements made in this complaint are punishable as Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature:	Date:
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HAVE YOU ATTACHED PHOTOCOPIES OF DOCUMENTS? DO NOT SEND ORIGINALS.
Return completed form and document copies to the address shown on the front of this form