



OFFICE OF CONSUMER PROTECTION
 City of Mount Vernon
 One Roosevelt Square
 Mount Vernon, New York 10550
 (914) 665-2433

Clinton I. Young, Jr.
 Mayor

Michael Paulercio
 Director

FILE NO. _____

DATE _____

INSTRUCTIONS: Please submit this form in duplicate. Type or print plainly. Return both copies to the office of Consumer Protection. One copy is for our files and one for the party against the complaint is made. You will be notified in writing or by telephone as soon as information regarding your complaint is available.

NAME OF PERSON OR FIRM AGAINST WHOM COMPLAINT IS MADE: _____

ADDRESS: _____

CLEAR STATEMENT OF COMPLAINT: (if case involves advertising, please submit ad copy).

(if more space is needed, use back of page)

HAVE YOU COMPLAINED TO THE FIRM? YES NO

IF SO, WHAT WAS THE FIRM'S REACTION? _____

WHAT RELIEF ARE YOU SEEKING? _____

COMPLAINANT INFORMATION _____

NAME: _____

ADDRESS: _____

CITY _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NO. (_____) _____

EMAIL ADDRESS: _____

SIGNATURE _____

YOU MUST ATTACH COPIES OF CONTRACTS, BILLS OF SALE, GUARANTEE, ADS, CHECK (front and back), ETC. (if not done, your complaint may not be processed)