



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

Andre Wallace
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)***