



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

**SHAWYN PATTERSON-HOWARD**  
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)*