



Norfolk District Attorney's Office

CONSUMER PROTECTION UNIT

working in Cooperation with the Office of the Attorney General

Complaint :

**SEND COMPLETED FORM TO: Joanne M. Dalabon, Norfolk District Attorney's Office, Consumer Protection Unit, 45 Shawmut Road, Canton, MA 02021
Phone: (781) 830-4800 ext. 279 Fax: (781) 830-4801**

Please print clearly. Form will be returned if illegible or incomplete. Form cannot be processed without name, address & phone number of both consumer and business. Please provide TWO copies of complaint.

CONSUMER INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

You are not required to answer but, are you 60 years or older?

Yes No

BUSINESS / COMPLAINT AGAINST:

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____

If you seek a reasonable accommodation in filing a complaint or with completing this form, please call (617) 727-2200.

If you wish to communicate via TTY service please check here or call (617) 727-0434.

May we send a copy of the complaint to the Company? Yes No

Product/Service involved: _____

Cost of product/service: _____ Amount paid to date: _____

Date of transaction: _____ Was a contract signed? _____

Have you complained directly to the company: Yes No

in person by phone by letter

To whom: _____ Date: _____

What resolution do you seek? _____



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Have you contacted another agency? Yes No If yes , name of the agency: _____

Have you hired an attorney? Yes No If yes, attorney's name: _____

Please sign the complaint below after describing your complaint in detail. Include all relevant names and other information, and describe any action you have taken to resolve this dispute and how the business has responded to you. Attach additional pages if necessary. Be sure to include clear copies of receipts, sales contracts, warranties, claim checks and other relevant documentation supporting the facts set forth in this complaint.



CONFIDENTIALITY

Under most circumstances, the text of your complaint will be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, address or phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint submitted by you. your record in its entirety may however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

Signature: _____ Date: _____