1. Has a lawsuit been filed in Small Claims Court?   ____Yes   ____No
2. Has an attorney been retained?   ____Yes   ____No

IF THE ANSWER TO QUESTION # 1 AND/OR 2 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS
OFFICE CANNOT INTERCEDE ON YOUR BEHALF.

CONSUMER COMPLAINT FORM

Name: ____________________________________  Date: _____________________

Address: ___________________________________

City/Town: ___________________________ State: _____  Zip: ____________

Telephone Numbers:
Home: ___________________________  Cell: ___________________________  Work: ____________________

Email Address: ___________________________

Please check if age 60 or over (optional) □

Business Name: __________________________  Contact: __________________________

Address: ___________________________

City/Town: ___________________________ State: _____  Zip: ____________

Telephone Number: __________________________  E-Mail: __________________________

I/we give permission to Bucks County Consumer Protection to act on my/our behalf to investigate
and mediate with the business to resolve this complaint.

______________________________  __________________________
Signature  Signature

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

• Attach a copy of the letter or e-mail you’ve sent to the business attempting to resolve the complaint.
• Explain your complaint in the space provided on the reverse side.
• Include dates, prices, company owner or contact person, and other relevant details.
• Enclose copies of all relevant documents and correspondence regarding your complaint.
• Include what you think is a fair solution to the problem.
• List any other agencies with which you have also lodged a complaint against this company.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
Description of complaint: (Attach additional sheets if necessary)

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What do you feel is a fair solution?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

List any other agencies that you have contacted regarding this issue.

________________________________________________________________________________