OFFICE OF THE ATTORNEY GENERAL ERIC T. SCHNEIDERMAN
STATE OF NEW YORK DEPARTMENT OF LAW

Internet Bureau
120 Broadway, 3rd Floor
New York, NY 10271
Phone: (212) 416-8433 | Fax (212) 416-8369

Consumer Hotline
(800) 771-7755
TDD (800) 788-9898
http://www.ag.ny.gov

1. Please be sure to complain to the company or individual *before* filing a complaint.
2. Please type or print clearly in dark ink. Form may also be filled in online using Adobe Acrobat version 5.0 (or later) and printed out for mailing.
3. Complete the *entire* form. Incomplete or unclear forms will be returned to you.
4. Please attach *photocopies*—no originals—of supporting documents.

CONSUMER

Name		Home phone	
		Business phone	
Street Address		Email address	
City/Town	County	State	Zip

COMPLAINT:

Name of seller or provider of services		Phone	
		Email address	
Street Address		Website	
City/Town	County	State	Zip
Date of transaction	Cost of product or service	Method of payment	

Did you sign a contract? ☐ Yes ☐ No

Date signed: Where signed:

OPTIONAL: Other seller, provider of services, manufacturer or warrantor	Phone
	Email address
Street Address	Website

City/Town	County	State	Zip

Was the product or service advertised? ☐ Yes ☐ No

Date advertised: Where/how advertised:

Date and method of complaint to company or individual:	Person contacted (include title):
☐ Email ☐ Telephone ☐ In person ☐ Other:_____	

Date(s) and nature of response(s):

Has this matter been submitted to another agency or attorney? (If "Yes," please provide name and address.)

☐ Yes ☐ No

Is court action pending? (If "Yes," please describe.)

☐ Yes ☐ No

Briefly describe your complaint:

What form of relief are you seeking? (e.g., refund, credit, exchange, repair, etc.)

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

Please attach to this form *photocopies* of any paper involved (web printouts, contracts, warranties, bills , statements, cancelled checks, correspondence including email, etc.) DO NOT SEND ORIGINALS. Due to the volume of complaints we receive, any final resolution of this matter may take some time and your patience is greatly appreciated. In order to protect your privacy, we suggest you remove all confidential information from the complaint and documents you submit to us, such as your Social Security number, financial account numbers, and any medical information.

NOTE: In order to resolve your complaint, we may send a copy of this form to the person or company about whom you are complaining.

In filing this complaint, I understand that:

- The Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. My filing this complaint does not mean that the Attorney General has initiated a lawsuit or proceeding on my behalf or that it will do so.
- The Attorney General cannot give me legal advice or represent me in court. If I have any questions concerning my legal rights or responsibilities, I should contact a private attorney.
- In order to resolve my complaint, the Attorney General may send a copy of my complaint and any documents I provide to the person or business about whom I am complaining and I authorize that person or business to release information concerning my complaint to the Attorney General.
- The Attorney General works with other state, local and federal government agencies to investigate complaints and coordinate law enforcement and may also share my complaint with them. In addition, the Attorney General may use information from my complaint in legal proceedings to establish violations of law.

The above complaint is true and accurate to the best of my knowledge. I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature	Date

Return completed form and documents to:

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