

**County of Hunterdon New Jersey**

Office of Consumer Affairs

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**OFFICE USE ONLY**

Case No. \_\_\_\_\_

Investigator \_\_\_\_\_

Open \_\_\_\_\_

Closed \_\_\_\_\_

**Complaint Reported By:**

**Complaint Reported Against:**

Name: _____	Business: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Telephone Number: _____	Telephone Number: _____
Work Telephone Number: _____	Website Address: _____
Cell Number: _____	E-Mail Address: _____
E-Mail Address: _____	Contact Person: _____

1. Date of transaction \_\_\_\_\_ Did you complain to Business? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Date you complained \_\_\_\_\_ Person you spoke with \_\_\_\_\_

3. Amount of money or value of goods/services involved \$ \_\_\_\_\_

**4. IMPORTANT – PLEASE CHECK DESIRED RESOLUTION:**

( ) Refund                      ( ) Exchange                      ( ) Repair                      ( ) Contract Rescission

( ) Other, please explain \_\_\_\_\_

5. If complaint has been referred to another agency, please name \_\_\_\_\_

6. Has a law suit been filed in Small Claims Court? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Has an attorney been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IF THE ANSWER TO QUESTIONS 6 AND/OR 7 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE CANNOT INTERCEDE ON YOUR BEHALF.**

**PLEASE WRITE A CONCISE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE OF THIS FORM.**

