

**CONSUMER PROTECTION / WEIGHTS & MEASURES**

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 Pomona, New York 10970  
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**Kimberly Von Ronn, Esq.**  
 Director and Public Advocate

**COMPLAINT FORM**

PLEASE PRINT OR TYPE ALL ENTRIES ON BOTH SIDES OF THIS FORM

MAIL THIS COMPLAINT WITH ALL NECESSARY ATTACHMENT TO ADDRESS ABOVE

CONSUMER INFORMATION			VENDOR/COMPANY INFORMATION		
Name:			Name:		
Address:			Address:		
City:			City:		
State:	Zip Code:		State:	Zip Code:	
Phone:			Phone:		
Email:			Email:		

Preferred Method of Contact:  Phone  Email

1. A. Did you contact the Vendor/Company about your complaint?  NO  YES

B. If yes, please provide the date contacted: \_\_\_\_\_

2. Name and title of person contacted: Name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Did you receive a written contract?  NO  YES If yes, please attach copy.

4. Total amount of contract/transaction: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

5. Total amount paid: \_\_\_\_\_

STATEMENT OF COMPLAINT

STATEMENT OF COMPLAINT (Continued)

What action would you like the Vendor / Company to take to resolve your complaint?

Would you be available to appear and testify at a hearing if one were held to investigate this complaint?

- YES       NO

PLEASE SUBMIT A COPY OF ANY SUPPORTING DOCUMENTATION:

Including but not limited to proof of payment (cancelled checks, receipts, etc.), contracts, invoices, advertisements, warranties/guarantees, correspondence records, pictures, etc.

- I understand that a copy of this form and any or all enclosed information may be sent to the Vendor/Company shown on this form.**
- I understand that false statements made herein are punishable as a Class "A" Misdemeanor pursuant to section 210.45 of the NYS penal law.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date