

INSTRUCTIONS FOR CONSUMER COMPLAINT FORM

COMPLETE FORM IN SUFFICIENT DETAIL TO FULLY EXPLAIN YOUR PROBLEM, GIVING NAMES, ADDRESSES, CITIES, TELEPHONE NUMBERS, DATES, ETC., INVOLVED. PLEASE FURNISH DETAILS IN THE ORDER THAT THEY HAPPENED. A COPY OF YOUR COMPLAINT MAY BE SENT TO THE RESPONDENT. KINDLY ENCLOSE COPIES OF ALL CONTRACTS, AND/OR OTHER DOCUMENTS RELATIVE TO YOUR COMPLAINT.

RETURN COMPLETED FORM TO:

MACOMB COUNTY PROSECUTOR'S OFFICE
CONSUMER FRAUD DIVISION
MACOMB COUNTY ADMINISTRATIVE BUILDING
ONE SOUTH MAIN, THIRD FLOOR
MT. CLEMENS, MI 48043

CONSUMER COMPLAINT FORM

COMPLAINT NUMBER CF- _____

DATED: _____

NAME OF COMPANY OR FIRM COMPLAINED ABOUT: _____

ADDRESS: _____ (zip) _____ PHONE: (____) _____

SALESPERSON: _____ DATE OF TRANSACTION: _____

NAME OF PRODUCT OR SERVICE INVOLVED: _____

IF PRODUCT OR SERVICE WAS ADVERTISED, WHEN: _____

WHERE: _____

WAS A CONTRACT SIGNED: _____ (attach a copy)
NAME AND NUMBER OF ATTORNEY CONTACTED, IF ANY: _____

CHECK CAUSES OF COMPLAINT:

- | | |
|---|---------------------------------|
| 1. () Advertised item not available | 5. () Misrepresentation (oral) |
| 2. () Defective merchandise or work | 6. () Adjustment not fulfilled |
| 3. () Guarantee/contract not fulfilled | 7. () Unsatisfactory service |
| 4. () Misrepresentation (advertised) | 8. () Other _____ |

WHAT ADJUSTMENT DO YOU CONSIDER FAIR: _____

YOUR NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____ (city) (zip code) BUSINESS PHONE: _____

(Continued On Other Side)

