

THE COMMONWEALTH OF MASSACHUSETTS
MIDDLESEX COMMUNITY COLLEGE LAW CENTER
33 KEARNEY SQUARE
LOWELL, MA 01852-1987
TELEPHONE (978) 656-3342
FAX (978) 441-1749

CONSUMER COMPLAINT FORM

CONSUMER INFORMATION

*NAME: _____

*STREET ADDRESS: _____

*CITY/STATE/ZIP CODE: _____

*HOME PHONE: (____) _____ WORK PHONE (OPTIONAL): (____) _____

E-MAIL ADDRESS: _____

BUSINESS THAT COMPLAINT IS AGAINST

*NAME: _____

*STREET ADDRESS: _____

*CITY/STATE/ZIP CODE: _____

*PHONE: (____) _____ E-MAIL ADDRESS (OPTIONAL): _____

*Please complete the above information **in full** in order for us to mediate your complaint.

HAVE YOU HIRED AN ATTORNEY OR BEGUN LITIGATION? YES _____ NO _____

PRODUCT/SERVICE INVOLVED: _____

COST OF PRODUCT/SERVICE: _____ AMOUNT PAID TO DATE: _____

DATE OF TRANSACTION: _____ WAS A CONTRACT SIGNED? YES _____ NO _____

HAVE YOU COMPLAINED TO THE COMPANY? YES _____ NO _____ TO WHOM? _____

FILL IN THIS SECTION ALSO, IF YOUR COMPLAINT INVOLVES A MOTOR VEHICLE

VEHICLE ID # (ON TITLE OR REGISTRATION): _____ DATE OF PURCHASE: _____

MAKE/MODEL: _____ YEAR: _____ PURCHASED: NEW _____ USED _____

PURCHASE PRICE: \$ _____ MILEAGE AT PURCHASE: _____ CURRENT MILEAGE: _____

TOTAL NUMBER OF **BUSINESS** DAYS THE VEHICLE HAS BEEN IN THE REPAIR SHOP: _____

TOTAL NUMBER OF TIMES THE VEHICLE HAS BEEN IN THE REPAIR SHOP FOR THE **SAME** PROBLEM: _____

