

# County of Bucks



## DEPARTMENT OF CONSUMER PROTECTION / WEIGHTS & MEASURES

1260 Almshouse Road, 4<sup>th</sup> Floor Doylestown, PA 18901

(215) 348-6060 -- FAX (267) 885-1420 E-Mail: [ConsumerProtection@BucksCounty.org](mailto:ConsumerProtection@BucksCounty.org)

[www.BucksCounty.org/ConsumerProtection](http://www.BucksCounty.org/ConsumerProtection)

### County Commissioners

DIANE M. ELLIS-MARSEGLIA, LCSW, Chair

ROBERT J. HARVIE, JR., Vice Chair

GENE DIGIROLAMO

MICHAEL D. BANNON

Director/Chief Sealer

1. Has a lawsuit been filed in Small Claims Court? \_\_\_\_ Yes \_\_\_\_ No

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

IF THE ANSWER TO QUESTION # 1 AND/OR 2 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE **CANNOT** INTERCEDE ON YOUR BEHALF.

### CONSUMER COMPLAINT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Telephone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check if age 60 or over (optional)

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Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I/We give permission to Bucks County Consumer Protection to act on my/our behalf to investigate and mediate with the business to resolve this complaint.*

Signature

Signature

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- Attach a copy of the letter or e-mail you've sent to the business attempting to resolve the complaint.
- Explain your complaint in the space provided on the reverse side.
- Include dates, prices, company owner or contact person, and other relevant details.
- Enclose copies of all relevant documents and correspondence regarding your complaint.
- Include what you think is a fair solution to the problem.
- List any other agencies with which you have also lodged a complaint against this company.

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