



CONSUMER STATEMENT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 165 Capitol Avenue Hartford CT 06106
 E-Mail: trade.practices@ct.gov
 Fax No. (860) 713-7239

For Official Use Only

1. Return form to Agency at address shown above
2. Type or print CLEARLY

*You may submit the form electronically by hitting the **SUBMIT BUTTON** on the upper right hand corner of the form.
 Any additional document that you submit may be e-mailed to trade.practices@ct.gov*

YOUR NAME		HOME PHONE (Include Area Code)		BUSINESS PHONE (Include Area Code)		ARE YOU 65 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY		STATE	ZIP CODE		E-MAIL
PARTY/COMPANY COMPLAINED AGAINST		PERSON DEALT WITH / TELEPHONE NUMBER (Include Area Code)				POSITION	
STREET ADDRESS		CITY		STATE	ZIP CODE		E-MAIL
INFORMATION: WAS A CONTRACT INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", ENTER DATE		TYPE OF CONTRACT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN		PRODUCT OR SERVICE INVOLVED	
DATE PURCHASED		COST \$		HOW PAID (CHECK ONE) CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> INSTALLMENT CONTRACT <input type="checkbox"/> LAW-AWAY <input type="checkbox"/>			
WAS THE PRODUCT OR SERVICE ADVERTISED <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW?		DATE & PLACE OF AD (PLEASE ATTACH COPY IF POSSIBLE)			
HAVE YOU CONTACTED THE COMPANY REGARDING YOUR COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" ENTER DATE		PERSON CONTACTED		POSITION	
HAVE YOU HIRED AN ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", NAME		IS COURT ACTION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", IN WHAT COURT?	

NOTE: Use this form for complaints against accessibility contractors, and the following installers: alarm systems and antenna systems, conveyor systems, data communications, electrical and neon sign, elevator, fire protection systems, flat glass work & glaziers, heating & cooling, hoists & cranes & lifts, lawn irrigation systems, low voltage systems, medical gas & vacuum systems, and solar systems. Also, for the following licensed trades: boiler makers & power industry, investigation information, machinist technicians, major contractors, mechanical contractors, nuclear & fossil & Petrochemical industries, oil tank removals, plumbing, public service gas & telephone technicians, refrigeration, satellite dishes & transmission towers, sheet metal & duct work, spa & pool repair & maintenance, telecommunications, TV & Radio repair, valve technicians, welding, well drilling. This form should also be used to file a complaint against the following utility installers: cable, electric, gas, sewage, storm, teledata, and water.

We will not be able to return or forward any material sent to this department. Please provide a **detailed** statement regarding the facts of your complaint. Please forward photocopies of the following information: 1) The contract; proposal; estimate and/or invoices submitted by the contractor and/or business; 2) The FRONT and BACK of any cancelled checks that you paid; 3) If you paid by other means, supply a copy of your receipts; 4) Any yellow page advertisement, flyer or newspaper ad that led you to hire them; 5) Did you receive a manufacturer's warranty? If yes, please supply a copy; 6) Did you contact the Town Hall Building Department to inquire if a permit was obtained for the installation? If not, please do so and submit that information; and 7) Any other documentation that supports your complaint allegations. If the contractor who installed the work obtained a permit then the building official should inspect the contractor's work to make sure it was installed properly and up to code requirements. We encourage consumers to try and resolve their issues with the company involved. More information can be obtained from our website: www.ct.gov/dcp. Information regarding the small claims process and the Superior Court process can be found at www.jud.stat.ct.us.

SIGNATURE

DATE

Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of this Consumer Statement.

YOUR NAME	HOME PHONE (Include Area Code)	BUSINESS PHONE (Include Area Code)		ARE YOU 65 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS	CITY	STATE	ZIP CODE	E-MAIL