



COUNTY OF HUDSON, NEW JERSEY  
OFFICE OF CONSUMER PROTECTION  
DEPARTMENT OF LAW



ADMINISTRATION BUILDING ANNEX  
567 PAVONIA AVENUE  
JERSEY CITY, NEW JERSEY 07306  
Phone: (201) 795-6295  
Fax: (201) 795-6468

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME TELEPHONE NUMBER: \_\_\_\_\_  
(include area code)  
WORK TELEPHONE NUMBER: \_\_\_\_\_  
(include area code)  
\* E-MAIL ADDRESS: \_\_\_\_\_  
\* NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO  
RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.

BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NUMBER (1): \_\_\_\_\_  
(include area code)  
TELEPHONE NUMBER (2): \_\_\_\_\_  
(include area code)

For statistical and informational purposes only. Your age:  18-29  30-44  45-59  60 or older

1. Nature of complaint (please check the appropriate box(es)):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Automotive           | <input type="checkbox"/> Automotive Repairs         | <input type="checkbox"/> Banking            | <input type="checkbox"/> Credit Card         |
| <input type="checkbox"/> Charity              | <input type="checkbox"/> Direct Mail/Sweepstakes    | <input type="checkbox"/> Home Repair        | <input type="checkbox"/> Internet/Cyberspace |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Stocks/Securities          | <input type="checkbox"/> Telemarketing      | <input type="checkbox"/> Telecommunications  |
| <input type="checkbox"/> Bingo/Raffle         | <input type="checkbox"/> Health Club                | <input type="checkbox"/> Warranty           | <input type="checkbox"/> Advertising         |
| <input type="checkbox"/> Wheelchair Lemon Law | <input type="checkbox"/> Weighing/Measuring Devices | <input type="checkbox"/> Used Car Lemon Law | <input type="checkbox"/> New Car Lemon Law   |
| <input type="checkbox"/> Furniture            | <input type="checkbox"/> Other (specify) _____      |   |  |

2. If your complaint involves a motor vehicle, please provide the following information:

- a.  New  Used
- b.  Purchased  Leased
- c. Purchase Price \_\_\_\_\_ Current Mileage \_\_\_\_\_
- d. Date of Purchase \_\_\_\_\_  With Warranty  With Service Contract  As Is
- e. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

3. Name of company you dealt with: \_\_\_\_\_

4. Name and title of company agents or employees you dealt with: \_\_\_\_\_

