



**DEPARTMENT OF CONSUMER AFFAIRS**

**Consumer Complaint Form**

**Instructions:** Fill out both sides. Attach copies not original documents that support your complaint, such as, contracts, receipts, invoices, front and back cancelled checks, account statements, emails, advertisements, etc. Please write legibly. If you have questions prior to completing form, please contact our office at (216) 443-7035.

Consumer Name(s): Mr. Ms. Mrs. Dr.	Business Name:
Address:	Contact Person: Address:
City: State: Zip Code:	City: State: Zip Code:
Contact #: Cell #:	Office #: Cell #:
E-mail (optional):	E-mail: Web Address:

**Please check your age group:**  17 and under  18-59  60-64  65 and older  
*Enhanced penalties may be available based upon your age*

**Date of contract or purchase:** \_\_\_\_\_ **Amount paid:** \_\_\_\_\_ (full or partial)

**I was contacted by:**  Telephone  Mail  E-mail/Text  Print Ad  Internet  At Home

**Did you sign a contract or other papers?**  Yes  No **Were you provided a copy?**  Yes  No

**How Paid:**  Cash  Check  Credit  Debit  Prepaid Card  Money Order  Wire  Other

**Did you complain to business?** \_\_\_\_\_ **If so, result?** \_\_\_\_\_

**If Home Improvement, select type of work (circle all that apply):** Roof Siding/Gutters Windows  
 Concrete/Asphalt Kitchen Remodel Bathroom Remodel Carpet/Flooring Sunroom/Porch Garage  
 Tree Service Painting Lawn Care Waterproofing Plumbing Electrical Other: \_\_\_\_\_

**Was a building permit obtained?**  Yes  No  I do not know

**On what date was the work started?** \_\_\_\_\_ **Completed?** \_\_\_\_\_

**Did the business notify you of any reasons for delay?**  Yes  No Reason: \_\_\_\_\_

**If the work was not started or only partially completed, did you ask for a refund?**  Yes  No

**Have you referred this matter to another agency, attorney or court?** \_\_\_\_\_



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Please explain your complaint: \_\_\_\_\_

Multiple horizontal lines for writing the complaint.

USE EXTRA PAPER IF NECESSARY – REMEMBER TO ATTACH COPIES OF RECEIPTS, LETTERS, ETC.

The resolution you desire:

\_\_\_ Refund \_\_\_ Repair \_\_\_ Deposit Returned \_\_\_ Contract Rescission \_\_\_ Other (Identify) \_\_\_\_\_

Under state and county laws, the information provided in this complaint becomes public information when the case is closed and placed in our inactive files.

I UNDERSTAND THAT CONSUMER AFFAIRS MAY SEND A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION TO THE BUSINESS OR TO ANOTHER AGENCY FOR RESOLUTION. I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL. I AUTHORIZE THE PARTY(IES) AGAINST WHICH I HAVE FILED THIS COMPLAINT TO COMMUNICATE WITH AND PROVIDE INFORMATION RELATED TO MY COMPLAINT TO THE CUYAHOGA COUNTY DEPARTMENT OF CONSUMER AFFAIRS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_