



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: _____

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: _____