



D. Holley Carnright  
District Attorney

**ULSTER COUNTY**  
**OFFICE OF THE DISTRICT ATTORNEY**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
239 Golden Hill Ln, Kingston, New York 12401-3708  
(845) 340-3260 fax = (845) 340-3189

**CONSUMER COMPLAINT FORM**

Instructions For Using This Form

1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
2. Please type or print clearly in black ink. Illegible forms may be returned to you.
3. Complete the entire form. Incomplete forms may be returned to you. Use additional paper if necessary.
4. Attach photocopies of any documents related to the transaction (such as contracts, receipts, statements, canceled checks, correspondence, warranties, etc.).
5. **DO NOT SEND ORIGINAL DOCUMENTS.** The Department will not be responsible for originals.

**CONSUMER INFORMATION**

Your Name	Home Phone
Street Address	Work Phone
Post Office Box	Cell Phone
City                      State                      Zip	Fax Number

**COMPLAINT INFORMATION**

Business Name	Home Phone
Street Address	Work Phone
Post Office Box	Fax Number
City                      State                      Zip	Cell Phone
Website	E-mail
Other contact information	

Type of Transaction (e.g., auto repair, home repair, retailing, telephone, etc.):		
Date of transaction	Amount paid	How paid
Did you sign a contract? Yes                      No	Where?	Date signed
Date of complaint	Person complained to	Their title
Did they respond? Yes                      No	If yes, nature of response	
If yes, response date		
Is court action pending? Yes                      No	What court?	Court date
Have you submitted this matter to an attorney or another agency? Yes                      No	If yes, give the name, address and phone number for the attorney or agency:	

**Use second page to describe your complaint and provide additional information.**

