

HOME IMPROVEMENT CONTRACTOR COMPLAINT FORM

CONSUMER COMPLAINTS DIVISION

When submitting the complaint form, include two (2) copies of all documents relating to the matter including bills of sale, store receipts, letters to the vendor, etc., by mail or fax to (212) 487-4482

Failing to submit documents may delay our ability to help you resolve your complaint.



42 Broadway 8th Floor
New York, NY 10004
DIAL 311 or
(212) NEW-YORK
outside of NYC

Jonathan Mintz
Commissioner
www.nyc.gov/consumers

Print or type answers to each question. If a question does not apply to you, please mark "N/A" or Not Applicable.

CONSUMER

NAME _____

ADDRESS _____ APT# _____

CITY, STATE, ZIP _____

DAYTIME PHONE () _____ CELLULAR # () _____

EMAIL _____

COMPLAINT AGAINST

BUSINESS NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ FAX () _____

LICENSE # _____ TYPE OF BUSINESS _____

NATURE OF COMPLAINT

WAS WORK DONE ON A SINGLE OR TWO FAMILY HOUSE; OR A RESIDENTIAL BUILDING OWNED BY YOU AS AN INDIVIDUAL HAVING FOUR (4) UNITS OR LESS; OR A CO-OP, OR CONDO OWNED BY YOU?

YES NO

REASON FOR YOUR COMPLAINT _____

PRODUCT/SERVICE INVOLVED _____ COST OF PRODUCT/SERVICE \$ _____

AMOUNT PAID TO DATE \$ _____ DATE OF TRANSACTION / / _____

WAS CONTRACT SIGNED? YES NO _____ IS THIS A JUDGMENT? YES NO _____

IS CASE PENDING IN ANY COURT? YES NO _____ WHAT COURT? _____

