Department of Consumer Affairs

Consumer Complaint Form

Instructions: Fill out both sides of this form. Questions? Call us at **216-443-7035**

YOUR INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone/Cell Number (We need this to contact you about your complaint.) _____

Email Address _____

COMPANY YOUR COMPLAINT IS ABOUT

Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Website _____

Business Phone _____ Business Email _____

Name of Person You Dealt With _____

ABOUT YOUR PURCHASE

Date of Contract/Purchase _____

Amount Paid _____ Was This a Full Payment? Yes ☐ No ☐

How Did You Pay? ☐ Cash ☐ Credit Other _____

PLEASE TELL US ABOUT YOUR COMPLAINT

(An investigator will call you after your complaint is assigned to get additional details.)

What Is the Resolution You're Looking For?

Did You Complain to Another Agency, Attorney, or Court?

Yes ☐ No ☐

Return completed form to Cuyahoga County Department of Consumer Affairs, 2079 E. 9th St., Room 4-200, Cleveland, OH 44115

Include copies of documents (contract, receipts, ads, etc.) that support your complaint. Black out Social Security Numbers. DO NOT SEND ORIGINALS.

Terms and conditions

Under State and County laws, complaint information becomes a matter of public record when the case is closed and placed in our inactive files. I understand that Consumer Affairs may send a copy of this form and 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. I have read the above terms and conditions and agree with them.

Signature **Date**