



New Jersey Office of the Attorney General

Division of Consumer Affairs

P.O. Box 45025

Newark, New Jersey 07101

(973) 504-6200

(800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____
(include area code)

WORK TELEPHONE NUMBER: _____
(include area code)

* E-MAIL ADDRESS: _____

*** NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.**

BUSINESS: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER (1): _____
(include area code)

TELEPHONE NUMBER (2): _____
(include area code)

For statistical and informational purposes only. Your age: 18-29 30-44 45-59 60 or older

1. Nature of complaint (please check the appropriate box(es)):

- Automotive Automotive Repairs Banking Credit Card
- Charity Direct Mail/Sweepstakes Home Repair Internet/Cyberspace
- Professional Service Stocks/Securities Telemarketing Telecommunications
- Bingo/Raffle Health Club Warranty Advertising
- Wheelchair Lemon Law Weighing/Measuring Devices Used Car Lemon Law New Car Lemon Law
- Furniture Other (specify) _____

2. If your complaint involves a motor vehicle, please provide the following information:

- a. New Used
- b. Purchased Leased
- c. Purchase Price _____ Current Mileage _____
- d. Date of Purchase _____ With Warranty With Service Contract As Is
- e. Make _____ Model _____ Year _____

3. Name of company you dealt with: _____

4. Name and title of company agents or employees you dealt with: _____
