

OFFICE HOURS MONDAY – FRIDAY 9 AM – 3 PM
PLEASE READ ALL SHEETS CAREFULLY

Enclosed is the Complaint Form you requested. Consumer Assistance Council (CAC), is a non-profit volunteer organization that serves to educate & assist consumers in trying to resolve complaints with merchants. An experienced volunteer mediator will mediate your complaint through an informal process in an effort to reach a mutually agreeable settlement. **CAC is NOT A LEGAL ASSISTANCE AGENCY & CAN NOT PROVIDE LEGAL ADVICE OR REPRESENTATION. WE DO NOT HAVE ENFORCEMENT POWERS.**

COMPLAINT PROCESS- HOW WE WORK

When your completed Complaint Form is received, it will be assigned to a volunteer mediator who will handle your complaint. A letter will be sent to the business requesting that they respond within 14 days. If a reply is not received, the volunteer mediator will attempt additional follow up.

You will receive a letter from us indicating your **CASE NUMBER**, (please keep this case number for future reference when you contact the office) and noting the name of your volunteer mediator and the day he/she volunteers, should you need to speak with them. **Please keep your Volunteer Mediator informed of any new developments in your case.**

Please note that the names of all parties are submitted to the Attorney General's Office so that agency may effectively monitor any emerging patterns relative to your complaint. The Attorney General may then be in a position to intervene in those cases that affect a larger segment of the population.

If you have questions concerning the specific application or interpretation of the law, you should consult a private attorney. If you do not have an attorney you can call the following Bar Association for your area:

BARNSTABLE COUNTY
3217 Main Street
PO Box 586
Barnstable, MA 02630

BRISTOL COUNTY
448 County Street
New Bedford, MA 02740-5399

If you cannot afford an attorney you may be eligible for assistance through your local Legal Services Office. Thank you for bringing this matter to our attention. We hope we can provide assistance to you.

Kerin L. Milesky
Executive Director



Consumer Assistance Council, Inc.
 WORKING IN COOPERATION WITH THE ATTORNEY GENERAL OF MASSACHUSETTS
 A NON-PROFIT ORGANIZATION

149 MAIN STREET
 HYANNIS, MA 02601

E-MAIL: cac@capecod.net
 www.consumerCouncil.com

TELEPHONE: 508-771-0700
 FAX: 508-771-3011
 800-867-0701

CONSUMER COMPLAINT FORM - fill out on your PC

<p><u>CONSUMER</u></p>	<p><u>CONSUMER:</u> Please supply information requested below. TYPE info. -then print.</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Tel: Home (____) _____ Work: (____) _____</p>
<p><u>BUSINESS/Complaint Against</u></p>	<p><u>COMPLAINT IS AGAINST:</u> Please supply information requested below:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Tel: (____) _____ Fax: (____) _____</p>

Product/Service involved: _____

Person dealt with: _____ Place of Transaction: _____

Date purchased: _____ Was deposit paid? Yes / No Amount \$ _____

Method of Payment: Cash _____ Loan _____ Credit Card _____ Other _____

Contract Signed: Yes / No Name of Witness(s): _____

How did you complain? By Phone _____ By Letter _____ In Person _____

To Whom: _____

When: _____

IF AUTO COMPLAINT:

MAKE/MODEL: _____

VEHICLE I.D.# (on title registration): _____ NEW / USED PURCHASE / LEASE

Odometer reading (at purchase): _____ Current mileage: _____

Purchase price: \$ _____ Payments: \$ _____

Total number of times vehicle has been repaired for the same problem or defect: _____

Total number of business days (Monday – Friday) vehicle has been in repair shop: _____

<p>Have you contacted another agency? _____</p> <p>If yes, please give the name of the agency below.</p>	<p>Have you hired an attorney? _____</p> <p>If yes, please give the name of the Attorney below.</p>
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Please sign the complaint form after briefly describing your consumer complaints. Try to explain your problem in chronological order, using dates, if possible. When you return the completed form, please enclose clear copies (keep original copies) of any bills, receipts, contracts, and advertisements, repair orders or any other relevant documents.

State here what action, if any, you have taken to resolve this problem and what you would like as a remedy. (Please print or type.)

May we send a copy of your complaint to the merchant? Yes _____ No _____

Signature: _____ Date: _____

CONFIDENTIALITY

Under most circumstances, the text of your complaint will be considered a public record, a copy of which is available to any member of the public upon request. However, your name, address, phone number, and any other information that identifies you will not be disclosed. Furthermore, no part of your complaint will be disclosed in response to a request that asks specifically for a complaint submitted by you.

