

Consumer Assistance Office – Metro West, Inc.
209 West Central Street, Suite 304, Natick, MA 01760 (508) 651-8812
www.consumermetrowest.org

COMPLAINT FORM

CONSUMER CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Email: _____

I am filing this complaint: as a BUSINESS _____ as an INDIVIDUAL _____

Note: Mediation is done by telephone Monday through Friday 9:00a.m. to 4:00p.m.

Optional: Are you over 60? Yes ___ No ___ Are you a Veteran or Active Duty: Yes ___ No ___

Having this information may help us serve you more effectively, but it is not required.

COMPLAINT IS AGAINST:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type Of Business: _____

INFORMATION ON YOUR COMPLAINT:

Have you complained directly to the business? Yes ___ No ___

Have you hired an attorney? Yes ___ No ___ Has this matter ever been taken to court? Yes ___ No ___

Have you contacted the MA Attorney General's Office or another agency? Yes ___ No ___

If yes, please give the agency: _____

Cost of Product/Service: _____ Date Purchased: _____

Amount Paid to Date: _____ Was Contract Signed? _____

Payment Method: Cash ___ Check ___ Credit Card ___ Debit Card ___ Other (explain) _____

Purchase Method: Store ___ Mail Order ___ Phone ___ Internet ___ Other _____

What outcome do you seek? _____

