



CITY OF NEW BEDFORD
 JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF COMMUNITY SERVICES
 NEW BEDFORD LOCAL CONSUMER PROGRAM
 Working in Cooperation with the Commonwealth of
 Massachusetts Office of the Attorney General

City Hall - 133 William Street
 New Bedford MA, 02740
 Tel: 508.961.3020 / 508.979.1464
 TTY: 508.979.1661
 E-MAIL: consumer@newbedford-ma.gov

<p>For Office Use Only</p> <p>Case # _____</p> <p>Date _____</p> <p>Mediator _____</p>

CONSUMER COMPLAINT FORM

<p align="center">Consumer:</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>Phone / Cell _____ <small>(Note: We can contact you by phone Mon – Fri, 9 am – 5 p.m only)</small></p> <p>E-mail _____</p> <p>Are you over 60? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p align="center">Business / Complaint Against:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State, ZIP Code _____</p> <p>Telephone _____</p> <p>Type of Business _____</p>

INFORMATION ON YOUR COMPLAINT

Describe the problem or concern that this complaint is about. Please attach additional pages if necessary.

<p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>

Have you complained directly to the business? If yes, check here _____

Have you previously contacted the Attorney General’s Office or other agencies about this problem? If yes, please specify dates of previous contacts with AGO and/or other agencies:

<p> </p> <p> </p> <p> </p> <p> </p>

Have you hired an attorney to represent you in this matter? If yes, check here _____

Has this matter ever been taken to court? If yes, check here _____

What outcome do you seek from filing this complaint? _____

REVIEW, SIGN, AND SUBMIT YOUR COMPLAINT:

A copy of your complaint will be sent to the merchant as part of the mediation process.

Are you willing for us to send this complaint to the business you are complaining about and do you authorize that business to release any and all information with regard to this complaint to the Attorney General's Office?

If so, check here _____

Date _____
I, _____, give authorization to the New Bedford Local (your name)
Consumer Program to discuss this matter with the Office of the Attorney General.
_____ Signature

CONFIDENTIALITY

Your complaint form may be considered a public record, a copy of which is available to any members of the public upon request. In response to such requests, this Office generally will not be able to disclose your name, address, or phone number, or any other information on the form that identifies you and will not disclose this form in response to any request for complaints submitted by you.

Your record in its entirety, may, however, be disclosed to state and federal authorities as required by law and to law enforcement and regulatory agencies who may assist in resolving your complaint.

For your protection we recommend you send a written demand letter, if you have not already done so.

This special requirement of Chapter 93A, Section 9 requires that you make a written statement containing specific information to the merchant against whom you are taking action. This requirement must be met whether your action will be brought in small claims, Superior or District Court. You do not have to send this letter if the claim is asserted by way of a counter-claim or cross-claim, or if the merchant does not maintain a place of business or does not keep assets with the Commonwealth.