



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

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the investigation is closed. You are also advised that the completed complaint form is a "government record," subject to disclosure under the Open Public Records Act (OPRA).

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

Form with two columns for 'COMPLAINT REPORTED BY' and 'COMPLAINT REPORTED AGAINST'. Fields include NAME, ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE NUMBER, WORK TELEPHONE NUMBER, E-MAIL ADDRESS, BUSINESS, ADDRESS, CITY, STATE, ZIP, TELEPHONE NUMBER (1), and TELEPHONE NUMBER (2).

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)):

- Checkboxes for: 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, Home Furnishings, 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 with which you dealt: _____

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

