



Office of Consumer Affairs

County of Summit

Consumer Complaint Form

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable county and state laws. Under Ohio's Open Records Law, this complaint will be available for public review upon request, after this office's action is completed.

Please complete the form and return to our office. **Please include the original complaint form, a photocopy of the complaint form, and two (2) copies of all the supporting documents** such as invoices, receipts, contracts, telephone bills, etc.

Your Name(s): _____ _____	Name of Person or Company Complaint Is Against: _____
Address: _____ _____	Name Person You Talked To _____ Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone (include area code): _____	Telephone (include area code): _____
Cellular Number: _____	Fax Number: _____
Email Address: _____	Web Address: _____

1. **Age:** 0-17 18-59 60 or older
2. **What product/service did you buy?** _____ **When (date)** _____
3. **Cost of product/service \$** _____ **Amount paid so far \$** _____
4. **How paid:** (circle one) Cash Check Credit ACH Debit Financed/Loan Wire Transfer Other
5. **Did you sign a contract?** (circle one) Yes No
6. **Is the product/service under warranty?** (circle one) Yes No
7. **Where did you pay the person or company?** (check one)
____ At my home ____ Over the telephone by credit card ____ By mail ____ Internet ____ Other
____ At company's place of business ____ Someone else's home ____ Convention/trade show
8. **Have you referred this complaint to another agency, attorney or small claims court?**
If so, please explain. _____
9. **How do you feel your complaint should be resolved?** (please be specific)

IMPORTANT: Must complete the back page (over)

