



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:

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____	BUSINESS: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER (1): _____ 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)):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Automotive Repairs | <input type="checkbox"/> Banking | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Direct Mail/Sweepstakes | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Internet/Cyberspace |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Stocks/Securities | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Bingo/Raffle | <input type="checkbox"/> Health Club | <input type="checkbox"/> Warranty | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Wheelchair Lemon Law | <input type="checkbox"/> Weighing/Measuring Devices | <input type="checkbox"/> Used Car Lemon Law | <input type="checkbox"/> New Car Lemon Law |
| <input type="checkbox"/> Home Furnishings | <input type="checkbox"/> 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: _____