



County of Bucks

DEPARTMENT OF CONSUMER PROTECTION / WEIGHTS & MEASURES

55 E. Court Street, 2nd Floor Doylestown, PA 18901

(215) 348-6060 -- FAX (267) 885-1420 E-Mail: ConsumerProtection@BucksCounty.org

www.BucksCounty.gov/ConsumerProtection

County Commissioners

ROBERT J. HARVIE, JR., Chair
DIANE M. ELLIS-MARSEGLIA, LCSW, Vice Chair
GENE DIGIROLAMO

MICHAEL D. BANNON
Director/Chief Sealer

1. Has a lawsuit been filed in Small Claims Court? ____ Yes ____ No
2. Has an attorney been retained? ____ Yes ____ No

IF THE ANSWER TO QUESTION # 1 AND/OR 2 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE **CANNOT** INTERCEDE ON YOUR BEHALF.

CONSUMER COMPLAINT FORM

Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

Email Address: _____

Please check if age 60 or over (optional)

Business Name: _____ Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

I/We give permission to Bucks County Consumer Protection to act on my/our behalf to investigate and mediate with the business to resolve this complaint.

Signature _____

Signature _____

- Attach a copy of the letter or e-mail you've sent to the business attempting to resolve the complaint.
- Explain your complaint in the space provided on the reverse side.
- Include dates, prices, company owner or contact person, and other relevant details.
- Enclose copies of all relevant documents and correspondence regarding your complaint.
- Include what you think is a fair solution to the problem.
- List any other agencies with which you have also lodged a complaint against this company.

Consumer Complaint Form Page 2

Description of complaint: (Attach additional sheets if necessary)

What do you feel is a fair solution?

List any other agencies that you have contacted regarding this issue.
