



# Department of Agriculture, Trade and Consumer Protection

## Product Safety Complaint

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered or other product information.

### 1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### 2. Name and address of victim if different from above:

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Information about your complaint: Please provide as much information as you can.

3. Victim's age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of incident: \_\_\_\_\_

4. Describe product involved: \_\_\_\_\_

5. Product model: \_\_\_\_\_ Serial number: \_\_\_\_\_ Do you still have the product? Yes No

6. Brand name/Manufacturer: \_\_\_\_\_

Address: \_\_\_\_\_ Ste.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

7. Manufacturer contact person: \_\_\_\_\_ Title: \_\_\_\_\_

8. Manufacturer's phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

9. Where was the product purchased? \_\_\_\_\_ Date of purchase: \_\_\_\_\_

10. Contact person at place of purchase: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

11. Amount paid: \$ \_\_\_\_\_ by: (circle one) cash check credit card financed other plan

12. Did you contact the manufacturer about your complaint? Yes No When? \_\_\_\_\_ What happened? \_\_\_\_\_

13. Have you filed this complaint with another agency? Yes No Agency name? \_\_\_\_\_ What happened? \_\_\_\_\_

14. Have you contacted a private attorney? Yes No Have you started court action? Yes No

**IMPORTANT: More questions on the back page (over)**

