



TOWNSHIP of UNION
CONSUMER AFFAIRS LOCAL ASSISTANCE OFFICE

1976 MORRIS AVENUE
UNION, NEW JERSEY
TEL. (908) 851-5458
OR (908) 851-5477 (messages)

DATE: _____

REFERRED BY: _____

CONSUMER: _____

COMPANY: _____

ADDRESS: _____

ADDRESS: _____

TEL.#: _____
Home / Daytime

TEL.#: _____
Home / Daytime

Date of transaction : _____

Salesperson : _____

Dollar Amount : _____

Have you discussed this complaint with the Company? Yes _____ No _____

If so, when: _____

What was their reaction? _____

Have you referred this complaint to any other person or agency? Yes _____ No _____

If so, to whom? _____ What was the reaction? _____

Describe your complaint - Give specific facts, include advertisements, receipts, contracts and other documents that support your complaint: (continue on other side if necessary).

Investigator or Interviewer

Signature of Consumer