



NYC Department of Consumer and Worker Protection
 42 Broadway, 9th floor
 New York, NY 10004

Call 311 (212-NEW-YORK)
 nyc.gov/dcwp

File Your Complaint

Thank you for contacting the New York City Department of Consumer and Worker Protection (DCWP). Please complete this form. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable. You must provide information marked with a star (*).

You can **submit this form** in one of the following ways:

- Email: Consumers@dcwp.nyc.gov
- Fax: 212-487-4482 / 646-500-5914
- Mail to the address above.

Important: Please **submit copies of supporting documents** for your complaint (for example, web printouts, contracts, warranties, bills, statements, cancelled checks, correspondence including email, etc.). Note: Protect sensitive information. Do not submit documents with Social Security numbers, bank account numbers, etc.

About You			
*I am submitting this complaint for: <input type="checkbox"/> Myself <input type="checkbox"/> Someone else <i>If you checked "Someone else," complete additional table below.</i>		*I want to remain anonymous: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*First Name		*Last Name	
*Home Address (include Apartment Number)			
*City, State, ZIP Code			Country
*Phone Number		*Email	
*Preferred method of contact: (Select one.) <input type="checkbox"/> Email <input type="checkbox"/> Phone			
Has anyone in your household ever served, or are they currently serving? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you checked "Yes," select any that apply.</i>			
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Child	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> U.S. Armed Services	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves	

If you are submitting this complaint form for someone else, you must provide information about the complainant. If you do not provide complainant information, you cannot receive a response from the business.

First Name	Last Name
Home Address (include Apartment Number)	
City, State, ZIP Code	Country
Phone Number	Email
Preferred method of contact: (Select one.) <input type="checkbox"/> Email <input type="checkbox"/> Phone	

About the Business

*Business Name

*Type of Business

DCWP License Number

Business Address

City, State, ZIP Code

Phone Number

Email

Website

Have you been in contact with the business about the complaint? Yes No

If you checked "Yes," complete rows below.

Name and Contact Information of Employee

What happened?

What was the outcome?

About the Complaint

Reason for Complaint: *(Select all that apply.)*

Prices not posted/inaccurate

Refused refund/return/exchange

Overcharge

Refused to accept cash payment

Defective good or service

Other *(explain)*:

Advertising is false or misleading

Did you purchase a good or service from the business? Yes No

If you checked "Yes," complete rows below.

Date of Transaction

Description of Product(s) or Service(s)

Cost of Product(s) or Service(s)

How did you pay? Cash Check Credit card Other *(explain)*:

Was it an internet purchase? Yes No

Did you sign a contract with the business? Yes No Don't recall

Are there account numbers or other information the business needs to find you in their system?

Yes; Account number(s):

No

Have you filed a case in court related to your complaint? Yes No

If you checked "Yes," complete rows below.

Case Number

Court

If case is completed, what was the outcome?

***Briefly describe your complaint and the outcome you would like to see. Use additional pages as needed.**

ACKNOWLEDGMENT

- By checking the box, I certify that I am the individual who submitted this complaint, and I authorize the business and/or its agents to discuss my complaint with DCWP. I have read the information on this form and it is true to the best of my knowledge.