



MARTIN J. WALSH
Mayor

MAYOR'S OFFICE OF CONSUMER AFFAIRS AND LICENSING

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CONSUMER COMPLAINT FORM

Please Print

Staff/LCP/ Referral

CONSUMER

(must be a Boston resident)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () - Optional: Are you 65 years or older? ☐ Y ☐ N

Email: _____

COMPLAINT AGAINST

(address must be provided)

Business Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () -

Email: _____

NATURE OF COMPLAINT

Reason for your complaint: _____

Product / service involved: _____

Cost of product/service: \$ _____

Amount paid to date: \$ _____ Date of transaction: / /

Was a contract signed? ☐ Yes ☐ No

How did you pay for the product / service?

☐ Cash ☐ Check ☐ Credit Card ☐ Installment plan / loan

Was the product / service advertised?

☐ Mail ☐ Radio / TV ☐ Newspaper ☐ Telephone ☐ Internet

Have you complained directly to the company?

☐ In person ☐ By phone ☐ By letter

To whom: _____ Date: / /

What outcome did you seek? _____

Have you contacted another agency? _____

If yes, please give the name of the agency: _____

Have you hired an attorney? ☐ Yes ☐ No

If yes, please give the name of the attorney: _____

May we send a copy of the complaint to the company? ☐ Yes ☐ No

| NATURE OF COMPLAINT | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Please describe your complaint in detail. Include all relevant names and other information and describe any action you have taken to dispute and how the business has responded to you. (<i>If necessary, attach additional pages.</i>) Be sure to include clear copies of receipts, sales contracts, warranties, claim checks and other relevant documentation supporting the facts set forth in this complaint. |
| | PLEASE KEEP YOUR ORIGINALS; SEND COPIES ONLY. |
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PLEASE KEEP YOUR ORIGINALS; SEND COPIES ONLY.

FOR MOTOR VEHICLE COMPLAINTS ONLY

Make/Model: _____ Year: _____

Purchased: ☐ New ☐ Used Date of Purchase: _____ / _____ / _____

Vehicle Identification Number (VIN): _____
Note: This is not your license number. The VIN should be on your title or registration.

Mileage at purchase: _____ Current mileage: _____

Purchase price: \$ _____

Total number of business days vehicle has been in repair shop for the same problem or defect: _____

CONFIDENTIALITY Under most circumstances, the text of your complaint will be considered a public record, a copy of which is available to any member of the public upon request. However, you name, address, phone number, and any other information that identifies you will not be disclosed in response to a request that asks for a complaint submitted by you.

Signature: _____ Date: ____ / ____ / ____