

Please print out and send completed form to:

Northwestern District Attorney
Consumere Protection Unit
13 Conway Street
Greenfield MA 01301

Northwestern District Attorney
Consumere Protection Unit
One Gleason Plaza
Northampton MA 01060

Or email completed form to: NWD.CPU@MassMail.State.MA.US

Note: Form can be filled & submitted electronically if you use Adobe Reader

NORTHWESTERN DISTRICT ATTORNEY'S OFFICE

CONSUMER PROTECTION UNIT

1 Gleason Plaza
Northampton, MA 01060
Tel: (413) 586-9225
Fax: (413) 584-3635



13 Conway Street
Greenfield, MA 01301
Tel: (413) 774-3186
Fax: (413) 773-3278

THE CONSUMER PROTECTION UNIT of the Northwestern District Attorney's Office is one of the Local Consumer Programs throughout the Commonwealth working in cooperation with the Massachusetts Attorney General's Office. We attempt to mediate complaints through an informal process involving letters and telephone calls to you and the business, in an effort to reach a mutually agreeable settlement. If we are unable to resolve your complaint, we will discuss with you the option of redress through Small Claims Court, Face-to-Face Mediation or hiring a Private Attorney.

Enclosed you will find the Complaint Form which you requested. In order to process your complaint properly and to provide assistance to you, we need your cooperation in filling out the Complaint Form as thoroughly and accurately as possible.

INFORMATION WE NEED FROM YOU

- Please include your complete address and telephone number where you can be reached during the day.
- Provide the complete and accurate name, address, and phone number(s) of the company or individual(s) with whom you are having a dispute
- Be sure to attach copies of any contract, work orders, repair orders, bills, receipts, advertisement, or any other documentation that may be relevant in evaluating your complaint. **PLEASE DO NOT SEND ORIGINALS**

COMPLAINT PROCESS

When we receive your completed Complaint Form, our staff will review it and, if your complaint is appropriate for this office, we will attempt to mediate your dispute.

Please Note that, because of the volume of complaints received by this office, it may take several days to review your complaint. We ask for and appreciate your patience during this time.

If your complaint is suitable for mediation, the mediator will contact both you and the business or individuals with whom you are having a dispute and attempt to mediate and resolve your problem.

OTHER ASSISTANCE

If you have questions concerning specific application or interpretation of the law, you should consult a private attorney.

If you do not have an attorney you can call the

Massachusetts Lawyer Referral Service: (617) 542-9103 or (800) 392-6164 or

Franklin County Bar Association: (413) 773-9839 or

Hampshire County Bar Association: (413) 586-8729

If you cannot afford an attorney you may be eligible for assistance through your local Legal Services Office.

If you have any questions or concerns feel free to call us at (413) 774-3186 in Franklin County or (413) 586-9225 in Hampshire County.

Thank you for bringing this matter to our attention. We hope we can provide assistance



Northwestern District Attorney's Consumer Protection Unit

13 Conway Street Greenfield, MA 01301

413-512-5902

413-773-3278

northwesternda.org

Local Consumer Program Complaint Form

Our Local Consumer Program works in cooperation with the Attorney General's Office.

If your complaint is urgent or if you seek an accommodation due to a disability, please call the AGO Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337. The AGO Consumer Hotline can answer questions, provide information, and offer referrals.

Your Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____

Note: You will only be contacted by telephone during normal business hours.

Email: _____

Check Here if you are over 60 (Optional) Veteran of U.S. Military Service OR Active Duty U.S. Military (Optional) Note: You are not required to provide this information to file a complaint, but having it may help us serve you more effectively.

Are you filing the complaint as a a business or an individual? Business Individual

Business or Organization that is the subject of this complaint:

Business Name: _____

Was this an online transaction? Yes No (note: if yes, please enter website address in Business Address if known)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Extension (optional): _____

Please list the type of business below. Be as specific as possible:

Information on your complaint:

Describe the problem or concern that this complaint is about:

Multiple horizontal lines for describing the complaint.

If you made a payment, please indicate method of payment (optional):

- Cash Check Credit Card Debit Card Prepaid Card
 Internet Money Transfer Money/Wire Transfer Other

If you are requesting mediation, what resolution do you seek?

If you are seeking a specific dollar amount for a resolution, please indicate the amount: \$: _____

What outcome do you seek from filing this complaint?

- Assistance from the program and possible mediation of my complaint
 I only want to let the program know about this business or trade practice.
 I would like to update a complaint that I filed recently.

Have you complained directly to the business? Yes No

Have you previously contacted the MA Attorney General's Office or other agencies about this problem? Yes No

If Yes, please specify dates of previous contacts with the MA AG's Office and/or other agencies you have contacted: _____

Have you hired an attorney to represent you in this matter? Yes No

Has this matter ever been taken to court? Yes No

Instructions:

DO NOT SEND ORIGINALS. Your documents will NOT be returned to you. Please retain a copy for your records and send us photocopies or an electronic scan of any documentation you think may be helpful in resolving the complaint.

Please do NOT include financial account numbers, credit or debit card numbers, your social security number, etc., or other sensitive personal information. We will contact you if we need any of this information.

Read the Following Before Signing Below:

I. **Disclosure of Your Complaint.**

Public Record. Under most circumstances, your complaint and any related information will be considered a public record and available to any member of the public upon request.

Disclosure to the Business or Organization.

In order to resolve your complaint we may release any and all information with regard to this complaint, including the form itself, to the business or organization you are complaining about.

Disclosure to Other Entities.

Your complaint and any related information may be disclosed to other law enforcement and regulatory agencies, including one of the Local Consumer Programs in your area.

II. **Consulting With a Private Attorney.**

The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

Signed: _____ **Date:** _____

By signing my name above, I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.