COMPLAINT FORM

Please fill out the entire form unless otherwise indicated

DATE FILED

COMPLAINT #  (Office Use Only)

COMPLAINANT

RESPONDENT

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Home Telephone Number

Contact Telephone Number

(Include area code)

(Include area code)

Please provide the following information if it would enable our inspector to contact you concerning your complaint, should a personal interview become necessary.

Alternative Daytime Contact Person: ________________________________

Alternative Daytime Address: ________________________________

______________________________________________________________

(Street Address, City, State, Zip code)

Alternative Daytime Phone (Please include area code): ________________________

GO ON TO THE NEXT PAGE
NOTE: Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37243. (615-741-4737) or (800-342-8385)

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. Items that you should try to include are photographs, copies of purchase and/or installation contracts, cancelled checks, invoices, signed estimates, installation checklists, warranties (limited or otherwise), business cards, etc. You should retain copies.)

GO ON TO THE NEXT PAGE
Other person(s) with firsthand knowledge of your complaint:

Name: __________________________________________________________

Address: _________________________________________________________
          (Street Address, City, State, Zip Code)

Home Phone: ___________________ Business Phone: ___________________
            (Include area code)                                      (Include area code)

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes _____ No _____

If YES, please provide the following:

Name of Attorney: ______________________________________________

Address: _______________________________________________________
          (Street Address, City, State, Zip Code)

Phone (please provide area code): _________________________________

Complainant Signature: _________________________________________

END OF DOCUMENT