Better Contractors Bureau, Ltd.
1151 Titus Avenue
Rochester, NY 14617
585-338-3600 Fax 585-467-3740

CONSUMER COMPLAINT FORM

Instructions:

Note: Before filing with the Better Contractors Bureau (BCB), you must have made a sincere effort to settle your complaint directly with the company. The BCB can assist you only after you have personally made an attempt to resolve your complaint! **NOTE:** ***A $10.00 processing fee must accompany this complaint form along with a copy of your contract.***

Complaints already the subject of a lawsuit, other legal action, or filed with another organization cannot be handled by the BCB. Should an inspection be requested there will be a fee of $150 charge in Monroe, $200 outside Monroe.

Please be sure that your information is complete, factual, but as brief as possible. To complete the form, answer all the appropriate questions by typing or printing clearly. The BCB will try to help you and the company reach a satisfactory settlement through the BCB's in house mediation process. However, if mediation does not resolve the dispute we will advise you of other options that are available and also notify the NYS Attorney General's office and the NYS Consumer Protection Board. *The BCB cannot accept any complaints that are over 3 years old unless contract warranty is longer!*

Consumer Information:

Last Name: First Name: Title: (*Circle One*) Mr. Ms. Mrs.

Street Address: City: County: Zip Code:

Phone Number (Day): Evening: Fax No. E-Mail

Company Information: (*Company Involved in Dispute*)

Company Name: Company Representative/Salesperson Title:

Street Address: City: County: Zip Code:

Company Phone #: Company Fax. # Email Address

Date problem first occurred: Date you complained to company: To whom you complained:

Company Response: Job or Service Description: (e.g. roofing, siding, kitchen, etc.)

Date Contract Signed: Warranty (Yrs.) Method of payment: (e.g. cash, check, etc.)

Description of Resolution you are requesting: (e.g., refund, repairs, finish work, etc.)

PLEASE READ THE FOLLOWING AND SIGN BELOW!

In filing of this complaint, I understand that the BCB is attempting to mediate my complaint. I also understand that if I have any questions concerning my legal rights, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the company or service person the complaint is directed against. I further state that my complaint is true and accurate to the best of my knowledge.

Signature: _____ Signature: _____ Date: _____
Customer Customer

(Continued)

Customer: _____ Address: _____ Date: _____

COMPLAINT DESCRIPTION

Please print or type a clear description of your problem or dispute that you are complaining about below:

JOB DESCRIPTION: _____

Signature: _____ Signature: _____ Date: _____