

Please print out and send completed form to:

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

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

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

Note: Form can be filled electronically using Adobe Reader

NORTHWESTERN DISTRICT ATTORNEY'S OFFICE
CONSUMER PROTECTION UNIT

www.northwesternda.org

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 Consumer Protection Unit

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Northampton, MA 01060
413-586-9225

Local Consumer Program Complaint Form

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

The Massachusetts Attorney General's Office represents the public interest and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney.

Under many circumstances, your complaint and any related information or documents will be considered a public record and available to any member of the public upon request. However, in response to such a request, we generally will not disclose your name, street address, phone number, or email address. However, some data concerning your complaint may be publicly posted on the AGO website, such as the name of the entity you complained about, the date the complaint was filed, and the town or city where you live. If your complaint relates to an ongoing investigation or falls into a subject area that is protected from public disclosure, we will not provide your complaint in response to a public records request.

The information you have submitted may be released to the entity you are complaining about in order to resolve your complaint.

We may also disclose your complaint and related information to other law enforcement and regulatory agencies.

The AGO does not mediate business to business complaints. Please contact a corporate attorney.

If your complaint is urgent or if you seek an accommodation due to a disability, please call the Consumer Hotline at (617) 727-8400 or (617) 727-4765 TTY or the Elder Hotline at (888) 243-5337.

Your Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____

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.

I am seeking assistance for myself. I am seeking assistance for a family member. I am seeking assistance for my client.

I am seeking assistance as a business. I am seeking assistance for someone not listed above.

I am letting the AGO know about this business or trade practice.

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:

Include a full description of your complaint, including relevant dates and names.

DO NOT include your social security numbers, credit card numbers, or other private information.

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

- Cash Check Credit Card Debit Card Other

Desired Outcome or Resolution

- I want the AGO to know about this issue, but do NOT need a response. I need the AGO's help in mediating or resolving my complaint.
 I need information to help me resolve the issue on my own. I need help finding my own lawyer.
 This is an update to a previous complaint.

Select all actions you have taken to address this issue (if any).

- I complained directly to the business or entity. I previously contacted the Attorney General's Office.
 I contacted another government agency, community organization, or consumer program.
 I filed a police report. I filed a case in court.
 I hired a public insurance adjuster to represent me. I hired a lawyer or attorney to represent me.

Do not send any documents other than this complaint form until someone from our office contacts you.

Read the Following Before Signing Below:

By entering my name below, I certify that

- The information I have provided is true and correct to the best of my knowledge;
- I authorize the AGO to discuss my complaint with the entity I am complaining about, and
- I understand that my submission, under many circumstances, will become part of the public record.

Signed: _____ **Date:** _____