

# NORTHWESTERN DISTRICT ATTORNEY'S OFFICE

## CONSUMER PROTECTION UNIT

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



56 Bank Row  
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 provide consumer assistance 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.

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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 help you resolve your issue.

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 our assistance, a consumer specialist will contact both you and the business or individuals with whom you are having a dispute and attempt to 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



**CONSUMER COMPLAINT FORM**  
Office of the Attorney General  
Consumer Advocacy and Response Division  
One Ashburton Place  
Boston, MA 02108 -1518

The Massachusetts Attorney General's Office (AGO) attempts to resolve individual consumers' disputes with businesses, where appropriate.

Please be aware of the following:

While the Massachusetts Attorney General's Office (AGO) sometimes brings lawsuits for the Commonwealth to enforce consumer protection laws and in the public interest generally, the AGO does not represent individual consumers. Therefore, we 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.

**Disclosure of Your Complaint**

1. The information you have submitted may be provided to the entity or individual you are complaining about in order to resolve your complaint. We may also provide your complaint and related information to other law enforcement and regulatory agencies.
2. Some data concerning your complaint may be publicly posted on the AGO website, including the name of the entity or individual you complained about, the date the complaint was filed, and the town or city where you live.
3. In most circumstances, your complaint, including any associated correspondence and documentation, is considered a public record in its entirety. As such, it will be made available to any member of the public who makes a public records request to our Office. There are certain exceptions to this rule: If your complaint concerns goods or services provided by insurance, healthcare, or financial services providers, or concerns civil rights, we generally will not disclose your name, address, phone number, email address, or any other identifying information in response to such a request.

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 have read and understand the disclaimers at the beginning of this form regarding the disclosure of information contained within this complaint.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_