



County of Bucks

DEPARTMENT OF CONSUMER PROTECTION / WEIGHTS & MEASURES

1260 Almshouse Road, 4th Floor Doylestown, PA 18901

(215) 348-6060 -- FAX (267) 885-1420 E-Mail: ConsumerProtection@BucksCounty.org

www.BucksCounty.org/ConsumerProtection

County Commissioners

DIANE M. ELLIS-MARSEGLIA, LCSW, Chair
ROBERT J. HARVIE, JR., Vice Chair
GENE DIGIROLAMO

MICHAEL D. BANNON
Director/Chief Sealer

1. Has a lawsuit been filed in Small Claims Court? ____ Yes ____ No
2. Has an attorney been retained? ____ Yes ____ No

IF THE ANSWER TO QUESTION # 1 AND/OR 2 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE **CANNOT** INTERCEDE ON YOUR BEHALF.

CONSUMER COMPLAINT FORM

Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Numbers:

Home: _____ Cell: _____ Work: _____

Email Address: _____

Please check if age 60 or over (optional)

Business Name: _____ Contact: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

I/We give permission to Bucks County Consumer Protection to act on my/our behalf to investigate and mediate with the business to resolve this complaint.

Signature**

Signature**

***By typing your signature in the box, you are officially signing your name to this document.*

- Attach a copy of the letter or e-mail you've sent to the business attempting to resolve the complaint.
- Explain your complaint in the space provided on the reverse side.
- Include dates, prices, company owner or contact person, and other relevant details.
- Enclose copies of all relevant documents and correspondence regarding your complaint.
- Include what you think is a fair solution to the problem.
- List any other agencies with which you have also lodged a complaint against this company.

Consumer Complaint Form Page 2

Description of complaint: (Attach additional sheets if necessary)

What do you feel is a fair solution?

List any other agencies that you have contacted regarding this issue.

Submit

Please Note:

Depending on your browser (ex. Chrome), you may need to click the "Open in Acrobat" on the top right. If you do not have that option, and it does not allow you to fill in the form, download it to your computer to complete.

This form works with your email and should open your email or email browser to send. If it does not, or your email does not have that capability, save the file and email as an attachment to ConsumerProtection@BucksCounty.org. This form will not automatically send without going through your email address.