

**TO THE CONSUMER:** You are reporting an unsatisfactory business transaction against an area business. If your problem falls within the areas of activity indicated by the checklist below, we will refer this complaint to the company for special review and reply. Include any contracts, advertising, letters, etc. that may support your claim. The Better Business Council is supported by member firms of the Manatee Chamber of Commerce. They make this public service available to you without cost.

YOUR NAME \_\_\_\_\_ **COMPLAINT AGAINST:** \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/ST/ZIP \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_  
 YOUR PHONE NUMBER \_\_\_\_\_ THEIR PHONE NUMBER: \_\_\_\_\_

Date of Transaction \_\_\_\_\_ Dates You Complained to Company \_\_\_\_\_ To Whom \_\_\_\_\_  
 Salesperson \_\_\_\_\_ Identify Product or Service \_\_\_\_\_ Amount \$ \_\_\_\_\_

**CHECK CAUSE(S) OF COMPLAINT AND EXPLAIN BRIEFLY**

- Advertised item not available
- Defective merchandise
- Guarantee or contract not fulfilled
- Misrepresentation-Advertised
- Misrepresentation-Oral
- Non-delivery of merchandise
- Promised adjustment not fulfilled
- Unsatisfactory installation or service
- Other (indicate below)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT ADJUSTMENT DO YOU CONSIDER MUTUALLY FAIR?

\_\_\_\_\_  
 \_\_\_\_\_

I HEREBY RELEASE the Manatee Chamber of Commerce from any claim, loss or damage of any kind whatsoever arising out of or resulting from its acceptance, filing, publication or use, in any manner, of this form and the complaint processing procedure. I further agree to indemnify and hold harmless the Chamber from any claim, loss, damage, action, cause of action of any kind whatsoever arising out of or resulting from its acceptance, filing, publication or use, in any manner of this form or the complaint processing procedure.

I have read and understood the terms of the agreement set out herein and agree to adhere to them. I have read this document and all allegations are true and correct.

\_\_\_\_\_  
 CONSUMER SIGNATURE DATE

**DO NOT WRITE BELOW THIS LINE**

**TO THE COMPANY:** Please record your disposition of this case so that our files will reflect your comments and / or handling. YOUR ANSWER WILL BE FORWARDED TO THE CUSTOMER.

Have Resolved \_\_\_\_\_ Will Resolve By \_\_\_\_\_ Unwilling to Reconsider \_\_\_\_\_  
 DATE DATE EXPLAIN BELOW

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY RELEASE the Manatee Chamber of Commerce from any claim, loss or damage of any kind whatsoever arising out of or resulting from its acceptance, filing, publication or use, in any manner, of this form or the complaint processing procedure. I have read and understood the terms of the agreement set out herein and agree to adhere to them.

BUSINESS NAME (please print) \_\_\_\_\_ Date \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_