



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 \$25.00 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 unless pertaining to a senior citizen scam or rip off! Should an inspection be requested there will be a fee of \$250 charge in Monroe County and \$300 outside Monroe County. Please be sure that your information is complete, factual but as brief as possible. To complete this form, answer all the appropriate questions by typing or printing clearly. The BCB will try to help you and the company reach an amicable settlement through BCB's in-house mediation process. However, if mediation does not resolve your dispute, you will be advised of other options available to you! *The BCB cannot accept any complaints that are over 3 years old unless the contract states a longer warranty!*

- Inspection requested – The charge for an inspection within Monroe County is \$250 and in the five surrounding counties \$300. Payment must be submitted with request along with complaint fee.

Consumer Information:

Last Name: _____ First Name: _____ Title: (Circle One) Mr. Ms. Mrs.
 Street Address: _____ City: _____ Zip Code: _____ County: _____
 Phone Number: _____ Cell: _____ Fax #: _____ E-Mail: _____

Company Information: (Company Involved in Dispute)

Company Name: _____ Company Contact _____ Title: _____
 Street Address: _____ City: _____ Zip Code: _____ County: _____
 Phone Number: _____ Cell: _____ Fax: _____ Email: _____
 Date Problem First Occurred: _____ Date Complained: _____ Person Complained to: _____
 Company Response: _____ Job or Service Description: _____
 Date Contract Signed: _____ Warranty (Years): ____ Method of Payment: check ___ credit card ___ cash ___

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

Credit Card Information: No: _____ Exp. Date: _____ Code on back: _____
 Payment type: Check ___ AMX ___ VISA ___ MC ___ Discover ___ Name on Card: _____

Please Read the Following And Sign Below!

In filing 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 a true and accurate to the best of my knowledge.

Customer Signature: _____ **Customer Signature:** _____ **Date:** _____

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