



MARTIN J. WALSH
Mayor

MAYOR'S OFFICE OF CONSUMER AFFAIRS AND LICENSING

Christine A. Pulgini, Esq., Executive Director

Tel: (617) 635-3834

Boston City Hall, 1 City Hall Square, Room 817, Boston, MA 02201

Fax: (617) 635-0709

Email: MOCAL@boston.gov

CONSUMER COMPLAINT FORM

Please Print

Staff/LCP/ Referral

CONSUMER

(must be a Boston resident)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () - Optional: Are you 65 years or older? Y N

Email: _____

COMPLAINT AGAINST

(address must be provided)

Business Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: () -

Email: _____

NATURE OF COMPLAINT

Reason for your complaint: _____

Product / service involved: _____

Cost of product/service: \$ _____

Amount paid to date: \$ _____

Date of transaction: / /

Was a contract signed? Yes No

How did you pay for the product / service?

Cash Check Credit Card Installment plan / loan

Was the product / service advertised?

Mail Radio / TV Newspaper Telephone Internet

Have you complained directly to the company?

In person By phone By letter

To whom: _____ Date: / /

What outcome did you seek? _____

Have you contacted another agency? _____

If yes, please give the name of the agency: _____

Have you hired an attorney? Yes No

If yes, please give the name of the attorney: _____

May we send a copy of the complaint to the company? Yes No

