



JOSEPH H. VICARI  
Freeholder Chairman

**COUNTY OF OCEAN  
DEPARTMENT OF CONSUMER AFFAIRS**

STEPHEN SCATURRO  
Director

732-929-2105

**DIVISION OF WEIGHTS & MEASURES**

732-929-2166

1027 Hooper Avenue, Building 2

P.O. Box 2191

Toms River, New Jersey 08754-2191

Fax 732-506-5330

Dear Consumer:

Thank you for contacting this office concerning your consumer complaint.

Enclosed, please find a complaint form to be filled out and returned regarding your complaint. One copy should be kept for your records.

When filling out the complaint form the following is necessary:

1. Fill out form completely. Signature and date are required. Please type or print neatly, using a ballpoint pen.
2. Attach any documents necessary to explain or identify the transaction, such as sales receipt, invoice, contract, newspaper advertising, etc. Please send copies, as originals will NOT be returned.
3. Return completed complaint form and all documentation to the Ocean County Department of Consumer Affairs located at 1027 Hooper Ave., Building #2, P.O. Box 2191, Toms River, NJ 08754-2191.

Once received, your completed complaint form and attachments will be reviewed to determine jurisdiction. If we do not have jurisdiction your complaint and all accompanying documentation will be forwarded. Should your complaint be forwarded to another agency, you will be advised accordingly with the appropriate contact information.

Thank you for contacting this office. We look forward to serving you.

Sincerely,

Stephen Scaturro, Director



SPECIAL ASSISTANCE/ACCOMMODATIONS available upon request.

**OCEAN COUNTY DEPARTMENT OF CONSUMER AFFAIRS**

1027 Hooper Ave., Bldg. 2, P.O. Box 2191

Toms River, NJ 08754-2191

Division of Consumer Protection 732-929-2105

Division of Weights & Measures 732-929-2166

Fax: 732-506-5330 1-800-722-0291 Ext. 2105

**STEPHEN SCATURRO, DIRECTOR**



- WALK IN
- MAIL
- MEDIA
- OCP
- OTHER

DATE RECEIVED

Empty box for DATE RECEIVED

**FOR OFFICE USE ONLY**

Closing Code \$

Empty box for Closing Code

**FOR OFFICE USE ONLY**

CASE NUMBER: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

DATE CLOSED: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_

INTAKE PERSON: \_\_\_\_\_

PLEASE PRINT OR TYPE ALL INFORMATION

**I. INFORMATION ABOUT YOU**

NAME ( ) MR. ( ) MRS. ( ) MISS ( ) MS.

STREET

TOWN STATE ZIP

**TELEPHONE**

( ) WORK # ( ) HOME #

( ) CELL # Email: \_\_\_\_\_

**II. INFORMATION ABOUT THE BUSINESS**

BUSINESS NAME REG. #

STREET

TOWN STATE ZIP

( ) TELEPHONE ( ) FAX #

( ) CELL # Email: \_\_\_\_\_

NAME OF SALESPERSON OR CONTACT

1. Date of Transaction: \_\_\_\_\_
2. Date Problem Arose: \_\_\_\_\_
3. Have you made the business aware of your problem? YES ( ) NO ( )
4. Have you contacted an attorney or taken any legal action? YES ( ) NO ( )
5. Value of service/goods involved: \$ \_\_\_\_\_
6. Resolution you desire: Refund ( ) Repair ( ) Other ( )

**III. PLEASE WRITE A BRIEF EXPLANATION OF YOUR COMPLAINT. SEND COPIES, NOT ORIGINALS OF ALL DOCUMENTS.**

Large empty box for writing a brief explanation of the complaint.

"By submitting this complaint form, I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. In addition, I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary."

DATE

SIGNATURE