



County of Delaware
Consumer Affairs

201 West Front Street
Media, Pa. 19063
Phone: 610-891-4865
Fax: 610-566-3947

Director: Evelyn Yancoskie

Dear Consumer:

For the protection of all parties involved, complaints registered with the Delaware County Office of Consumer Affairs must be submitted in writing. To assist you in meeting this requirement, we have enclosed an official complaint form.

IN COMPLETING YOUR FORM, PLEASE NOTE THE FOLLOWING:

- 1. BE AS SPECIFIC AS POSSIBLE (DATES, FACTS, ETC).**
- 2. A COPY OF YOUR COMPLAINT WILL BE FORWARDED TO THE RESPONDENT (THE BUSINESS OR PERSON AGAINST WHOM YOUR COMPLAINT IS REGISTERED). AVOID ANY ACCUSATIONS OR ALLEGATIONS THAT WOULD BE DETRIMENTAL TO SUCCESSFUL MEDIATION OF YOUR COMPLAINT.**
- 3. BE CERTAIN TO ENCLOSE COPIES OF ALL PERTINENT DOCUMENTS (CONTRACTS, CANCELLED CHECKS, RECEIPTS, LEASES, ADS, ETC.)**
- 4. FILL IN ALL BLANKS ON THE COMPLAINT FORM.**

Receipt of your Complaint Form will be confirmed in writing, including notification of the investigator and file number assigned to your case.

If you have any questions, or require assistance in completing your Complaint Form, please do not hesitate to call the number listed above.

Sincerely,

Evelyn Yancoskie

**Evelyn Yancoskie
Director**

Enclosure



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COMPLAINT FORM

Name

Street

City State Zip Code

Home Phone Work Phone

FOR OFFICE USE ONLY

FILE # _____

DATE _____

CAT.: _____

Complaint Against:

Name of Business or Individual

Street

City State Zip Code

Contact: Phone #

Use this space, and as many sheets as necessary, to explain your complaint in detail. Be sure to include your idea of a fair settlement, if possible.

PLEASE PRINT OR TYPE AND USE MARGINS. PLEASE DO NOT USE BLUE INK-WILL NOT DUPLICATE

[Large empty rectangular box for writing the complaint details]

RETURN COMPLETED FORM TO ADDRESS ON TOP OF THIS FORM.