

OFFICE OF THE DISTRICT ATTORNEY
FOR THE NORFOLK DISTRICT
Working in Cooperation with the Office of The Attorney General

SEND COMPLETED FORM TO:

Joanne M. Dalabon
Norfolk District Attorney's Office
Consumer Protection Division
45 Shawmut Road
Canton, MA 02021
Phone: 781-830-4800 ext 279
Fax: 781-830-4801
joanne.dalabon@state.ma.us

Please print clearly. Form will be returned if illegible or incomplete.
Form cannot be processed without name, address & phone number of
both consumer and business. Please provide TWO copies of complaint.

Complaint # _____

Consumer Information

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

You are not required to answer but, are you 60 years or older?

Yes _____ No _____

Business/Complaint Against

Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____

If you seek a reasonable accommodation in filing a complaint or with completing this form, please call (617) 727-2200.
If you wish to communicate via TTY service, please check here _____ or call (617) 727-0434.

May we send a copy of the complaint to the Company? _____

Product/Service involved: _____

Cost of product/service: _____ Amount paid to date: _____

Date of transaction: _____ Was a contract signed? _____

Have you complained directly to the company: in person _____ by phone _____ by letter _____

To whom: _____ Date: _____

What resolution do you seek? _____

