

**CAMDEN COUNTY  
BOARD OF FREEHOLDERS  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Division of Consumer Protection/Weights & Measures  
512 Lakeland Road, Suite 158  
Blackwood, New Jersey 08012  
1 (800) 999 9045 - (856) 374-6161 - (856) 374-6001**

**CARMEN G. RODRIGUEZ**    **PATRICK SHUTTLEWORTH**    **DANIEL T. SPENCER, JR.**  
Freeholder Liaison                      Department Director                      Division Director

**PLEASE TYPE OR PRINT CLEARLY IN PEN ONLY**

***THIS FORM MUST BE MAILED BACK WITH AN ORIGINAL SIGNATURE AND COPIES OF ALL SUPPORTING DOCUMENTATION. ALL OTHERS WILL BE RETURNED CREATING A DELAY IN THE PROCESSING OF YOUR COMPLAINT. ANY PERSONAL ACCOUNT NUMBERS/INFORMATION ON YOUR SUPPORTING DOCUMENTS MUST BE "BLACKED OUT"***

**CONSUMER INFORMATION**

**Name and Address of Complainant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Business/Work Telephone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date of Transaction(s): \_\_\_\_\_ Amount of Money Involved: \_\_\_\_\_

How did you pay for the service/product? Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

If on a charge account, did you notify the credit card company in writing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, do you have a copy of the letter? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you complain to the company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, do you have a copy of the complaint letter? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this complaint been filed with any other Agency, Court or Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: When \_\_\_\_\_

Where \_\_\_\_\_

Address \_\_\_\_\_

Please provide a breakdown of expenses (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

