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Freeholder Director

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Claribel A. Azcona-Barber  
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Leslie Koppel  
Shanti Narra  
Charles E. Tomaro  
Freeholders

# MIDDLESEX COUNTY • NJ

Shanti Narra  
Chairperson  
Public Safety & Health

John A. Pulomena  
County Administrator

Joseph W. Krisza  
Department Head

William Deinzer  
Director

## DEPARTMENT OF PUBLIC SAFETY & HEALTH

### Office of Inspections Division of Consumer Affairs / Weights & Measures

Please be advised that any information you supply on this complaint may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after completion of the investigation. You are also advised that the complete complaint is a "government record," which the office may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

Today's Date: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Did you sign a contract? Yes / No

Where was contract signed? \_\_\_\_\_ Cost of contract: \_\_\_\_\_

Was the work done on your Primary Residence? Yes / No Was a permit acquired (if applicable)? Yes / No

If advertised, where and when? \_\_\_\_\_ (Attach copy of ad.)

Did you complain to the company? Yes / No To whom: \_\_\_\_\_ When: \_\_\_\_\_

**Under the New Jersey Consumer Fraud Act, violations against senior citizens carry enhanced penalties.  
Are you a senior citizen (60 or older)? Yes No**

- Please Include Photocopies of All Correspondence, Documents, Cancelled Checks and Copies of Contract •

**PLEASE PRINT YOUR COMPLAINT BELOW (USE REVERSE SIDE IF NECESSARY)**

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Settlement Amount or Other Resolution Requested: \_\_\_\_\_

Your Name (print): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Primary Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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. I authorize Middlesex County Consumer Affairs to send this complaint form to the company and to use the information in any way that is necessary for the sole purpose of resolving this complaint.

Signature: \_\_\_\_\_

PO Box 7367, North Brunswick, NJ 08902  
CA Phone: 732-398-2300, Fax: 732-398-8752  
[consumer@co.middlesex.nj.us](mailto:consumer@co.middlesex.nj.us)  
[www.middlesexcountynj.gov](http://www.middlesexcountynj.gov)

