



## CONSUMER AFFAIRS COMPLAINT FORM

### 1. CONSUMER INFORMATION:

BARP MEMBER NAME: (MR/MRS/MS/MISS) \_\_\_\_\_  
LAST FIRST MIDDLE

MID NUMBER \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NUMBER(S) \_\_\_\_\_ EMAIL \_\_\_\_\_

### 2. COMPANY INFORMATION:

NAME OF COMPANY FROM WHICH PRODUCT/SERVICE WAS PURCHASED \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

### 3. PRODUCT OR SERVICE PURCHASED:

PRODUCT OR SERVICE DISPUTED \_\_\_\_\_

DATE OF TRANSACTION/PURCHASE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_  
MONTH DAY YEAR

### 4. HOW DID YOU PAY?

METHOD OF PAYMENT:  CASH  CREDIT CARD/DEBIT CARD  LOAN  LAY-AWAY  CHEQUE  OTHER \_\_\_\_\_

DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS?  YES  NO

