



Better Contractors Bureau, Ltd.
1151 Titus Avenue
Rochester, NY 14617
585-338-3600 Fax. 585-467-3740
obettercontract@rochester.rr.com



CONSUMER COMPLAINT FORM

Instructions:

Note: Before filing with the Better Contractors Bureau (BCB), you must have made a sincere effort to settle your complaint directly with the company! The BCB can assist you only after you have personally tried to resolve your complaint! NOTE: A \$30.00 processing fee must accompany this complaint form along with a copy of your contract! If the dispute is the subject of a lawsuit, other legal action or filed with another organization it cannot be handled by the BCB! ONLY complaints on workmanship are accepted unless pertaining to a senior citizen scam or rip off! If ONLY an inspection is required to verify workmanship check the box below and send it in with a check or your credit card information with the appropriate fee! Please be sure that your information is complete, factual but as brief as possible. To complete this form, answer all the appropriate questions by typing or printing clearly. The BCB will try to help you and the company reach an amicable settlement through BCB's complaint process by mail. Note: The contractor has 30 days to respond to a complaint from the filing date! If the contractor does not respond or you dispute his response, then the BCB offers in-house mediation in which both parties must agree to pay a fee of \$100 and appear in person at the BCB's office for in-house mediation process. However, if mediation does not resolve your dispute, you will be advised of other options available to you one of which is formal binding arbitration through its affiliation with the Center for Dispute Settlement. The BCB cannot accept any complaints that are over 3 years old unless your contract states a longer warranty!

Inspection requested - The charge for an inspection within Monroe County is \$300 and \$400 for any of the other five surrounding counties. Payment for inspection must be submitted with this request along with the complaint fee!

Consumer Information:

Last Name: First Name: Title: (Circle One) Mr. Ms. Mrs.
Street Address: City: Zip Code: County:
Phone Number: Cell: Email:

Company Information: (Company Involved in Dispute)

Company Name: Company Contact Title:
Street Address: City: Zip Code: County:
Phone Number: Cell: Email:
Date Problem First Occurred: Date Complained: Person Complained to:
Company Response: Job or Service Description:
Date Contract Signed: Warranty (Years): Method of Payment: check credit card cash

Description of Resolution you are requesting: (eg. refund, repairs, finish work, etc.)

Credit Card Information: No: Exp. Date: Code on back:
Payment type: Check AMX VISA MC Discover Name On Card

Please Read the Following And Sign Below!

In filing this complaint, I understand that the BCB is attempting to mediate my complaint. I also understand that if I have any questions concerning my legal rights, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the company or service person the complaint is directed against. I further state that my complaint is a true and accurate to the best of my knowledge.

Customer Signature: Customer Signature: Date:

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