

# Forms

## For Office Use Only

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

In person (  ) Mailed (  )

## UAW Local 1112

### Consumer Complaint Form

**Important:** Both sides of this form must be filled out before complaint can be processed. Enclose copies only (**do not send originals**) of all documents relevant to your complaint including advertising material, contracts, warranties, receipts, letters, cancelled checks, service/repair receipts, etc.

#### Part 1. Member Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Plant \_\_\_\_\_ Department \_\_\_\_\_ Shift \_\_\_\_\_ Best Time to call you \_\_\_\_\_

#### Part 2. Consumer Information

Complaint Against (Company) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Transaction \_\_\_\_\_

Product/Service Involved \_\_\_\_\_

Name of Salesperson \_\_\_\_\_

Did an advertisement attract you to the product or service?  Yes  No

Do you still have the Ad?  Yes  No

Was a contract signed?  Yes  No Do you have a copy?  Yes  No

Are you making payments?  Yes  No



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(If you need more space, attach additional paper)

**Part 5. What would you consider a satisfactory solution to your complaint?**

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\*The Consumer Affairs Committee is designed to help the membership of UAW Local 1112. We are not capable of handling matters of legal consequence. We can only act as agents or mediators by using the leverage of concentrated buying power of our membership. If you have filed a complaint or are in the process of filing with an attorney, Better Business Bureau, Attorney General’s office, small claims or any consumer affairs group other than ours, we will be unable to help you with your problem.

I hereby certify the above information to be true and complete to the best of my knowledge and belief. I understand that a copy of this complaint may be shown to the business or person against whom I am filing this complaint. I also understand that this complaint will be kept on file with this committee.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Mail completed form to:**  
**UAW Local 1112**  
**Consumer Affairs Committee**  
**11471 Reuther Drive SW**  
**Warren OH 44481-9532**

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Consumer Complaint Form

[Print](#)