

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

(If you need more space, attach additional paper)

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

*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](#)