JOB NO. 82596 BLACK PLATE PART 2 SCREEN: 128 LINE 10%(5%)
JOB NO. 82596 185 RED PLATE PART 2

T-82596★

COMPLAINT FORM

OFFICE USE ONLY

C No._____ ID._____ Cat. _____ CL _____
DATE

Mail to:
Consumer Complaint
S.C. Dept. of Consumer Affairs
P.O. Box 5757
Columbia, S.C. 29250-5757

3600 Forest Drive, Third Floor
Telephone (803) 734-4200
Toll Free 1-800-922-1594 within S.C.
Fax (803) 734-4286
E-mail: SCDCA@DCA.STATE.SC.US
www.state.sc.us/consumer

(Your Name)

(Address)

(Zip)

(Res. Phone) (Office Phone) (County)

Give complete name and address of
BUSINESS COMPLAINED AGAINST.

(Company)

(Who did you deal with?)

(Address)

(Phone)

1. Have you filed a complaint with any other consumer services agency? Yes ____ No ____
2. Have you filed a summons and complaint with a magistrate's office? Yes ____ No ____
3. Is an attorney handling your complaint? Yes ____ No ____

If you answered yes to any of the above questions, please provide the corresponding name, address, and telephone number:

NOTE: ATTACH TWO COPIES OF CONTRACTS, RECEIPTS, WARRANTIES, CHECKS, BILL OF SALE, ETC.

Please provide a complete explanation of your complaint: _____

What do you want the business to do? _____

STOP You must attach two copies of any additional information.

Date complained to Company _____ Response _____

PLEASE SIGN AND DATE THIS COMPLAINT.

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR COMPLAINT AS A PUBLIC RECORD.

DATE **YOUR SIGNATURE**

FORM CF-1 (REV. 1/04)