



MANATEE CHAMBER OF COMMERCE

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BETTER BUSINESS COUNCIL

CONSUMER EXPERIENCE REPORT



TO THE CONSUMER: (You must return all copies.) You have reported an unsatisfactory business transaction. If your problem falls within the areas of activity indicated by the check list below, we will refer this complaint to the company for special review and reply. Include any contracts, advertising, letters, etc., that may support your claim.

The Better Business Council is supported by member firms of the Manatee Chamber of Commerce. They make this public service available to you without cost.

(PLEASE PRINT)

YOUR NAME ADDRESS CITY STATE ZIP YOUR PHONE NO.

COMPLAINT AGAINST: COMPANY ADDRESS CITY STATE ZIP THEIR PHONE NO.

Date of Transaction Dates You Complained to Company To Whom Sales Person Identify Product or Service If Advertised, When Where (Enclose Ad) Receipt or Contract No. S AMOUNT OF COMPLAINT

CHECK CAUSE(S) OF COMPLAINT AND EXPLAIN BRIEFLY

- 1. Advertised item not available. 2. Defective merchandise. 3. Guarantee or contract not fulfilled. 4. Misrepresentation-Advertised. 5. Misrepresentation-Oral. 6. Non-delivery of merchandise. 7. Promised adjustment not fulfilled. 8. Unsatisfactory installation or service. 9. Other (indicate below).

Blank lines for explaining the cause of the complaint.

WHAT ADJUSTMENT DO YOU CONSIDER MUTUALLY FAIR?

I HEREBY RELEASE the Manatee Chamber of Commerce for any claim, loss or damage of any kind whatsoever, arising out of or resulting from its acceptance, filing, publication or use, in any manner, of this form and the complaint processing procedure.

I have read and understood the terms of the agreement set out herein and agree to be bound by them. I have read this document and all allegations are true and correct.

CONSUMER SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

TO THE COMPANY: Please record your disposition of this case so that our files will reflect your comments and/or handling.

YOUR ANSWER WILL BE FORWARDED TO THE CUSTOMER.

Have Resolved Will Resolve By Unwilling to Reconsider EXPLAIN BELOW

COMMENTS

Blank lines for company comments.

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BUSINESS NAME (Please Print)

AUTHORIZED SIGNATURE

DATE