



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 DEPARTMENT OF BUSINESS REGULATION  
 DIVISION OF COMMERCIAL LICENSING  
 and Racing and Athletics

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 Cranston, RI 02920

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[www.dbr.ri.gov](http://www.dbr.ri.gov)

**UNIT PRICING COMPLAINT FORM**

**INSTRUCTIONS:** Please complete this form and return to the above address if you have reason to believe unit pricing regulated by the Department of Business Regulation has violated the law or failed to meet responsibilities and obligation to the public. Please print or type. This form will NOT be accepted unless signed by complainant.

COMPLAINANT'S Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Mailing Address (If different from Residence): \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_ Nighttime Telephone Number: \_\_\_\_\_

Name and address of Company/Store the complaint is being made: \_\_\_\_\_

Name of Individual the complaint is being made: \_\_\_\_\_

Date and Time and Place of alleged Violation: \_\_\_\_\_

Other Federal, State Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts: \_\_\_\_\_

On the reverse side of this form, or on an attached piece of paper, explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as dates and purchase services, name, address, telephone of offending licensee, account numbers, etc. Also, attach any documentation which you feel will help support your allegations including sales slips, warranty contracts, purchase and sales agreement, canceled checks, travel vouchers, insurance policies, etc.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

X \_\_\_\_\_  
 Signed

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