



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

John O. Pastore Center 69-1
 1511 Pontiac Ave
 Cranston, RI 02920

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BEDDING AND UPHOLSTERY COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that a Bedding or Upholstery licensee regulated by the Department of Business Regulation has violated the law or failed to meet his/her 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 Bedding or Upholstery Company the complaint is being made: _____

Name of Licensee the complaint is being made: _____

Check type of License: _____ Manufacturer _____ Supply Dealer _____ Sterilizer
 _____ Renovator _____ Repairer _____ Second Hand Dealer

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: _____