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.

COMPLAINANT’S Name:

Residence:

Mailing Address (If different from Residence):

Daytime Telephone number: Nighttime Telephone Number:

Name of Licensee Name:

Address of licensee:

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

Uniform Registry Number on law tag of item in question: ______________________

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_______________________________________________                 Date:  _____________

Tel: 401-462-9506       Fax: 401-462-9645       TTY: 711         Web Site: www.dbr.ri.gov