

**FAIRFAX COUNTY  
DEPARTMENT OF CABLE AND CONSUMER SERVICES**

12000 Government Center Parkway, Suite 433  
Fairfax, Virginia 22035-0047  
www.fairfaxcounty.gov/consumer

**Telephone** 703-222-8435 **Fax** 703-653-1310 **TTY** 711

**COMPLAINANT:** Print your name and address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

**RESPONDENT:** Print name and address of party who are complaint against

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

- (1) Date of Transaction: \_\_\_\_\_
- (2) Have you contacted the Respondent about the complaint? Yes  No   
If yes, what was the outcome? \_\_\_\_\_
- (3) Did you sign a contract or lease? Yes  No  Expiration date \_\_\_\_\_  
Is copy enclosed? Yes  No
- (4) What resolution would you consider to be mutually fair? \_\_\_\_\_
- (5) Dollar amount in dispute, if applicable \$ \_\_\_\_\_
- (6) What other agencies/organizations have you contacted for assistance? \_\_\_\_\_

**- FOR OFFICE USE ONLY -**

Case Opened <input type="checkbox"/>		Case Closed <input type="checkbox"/>
Case Reopened <input type="checkbox"/>		Case Reclosed <input type="checkbox"/>
Alleged Nature of Complaint		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Complaint Code No.	ST	CAT
		<input type="text"/> <input type="text"/> <input type="text"/>
		Date Opened
<input type="text"/>	<input type="text"/>	
R Code	Complainant Name (Last, First Initial)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
C Zip Code	Final Amount	Resolve Code
		<input type="text"/> <input type="text"/> <input type="text"/>
		Date Closed
<input type="text"/>	<input type="text"/>	<input type="text"/>
INV	Case No.	Report
		<input type="text"/> <input type="text"/>
		Review ed
		<input type="text"/> <input type="text"/> <input type="text"/>
		Date Review ed

**PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE**

