# NORTH CAROLINA STATE HEARING AID DEALERS AND FITTERS BOARD COMPLAINT FORM



MAIL TO: NC Hearing Aid Dealers & Fitters Board 3801 Lake Boone Trail, Ste. 190 Raleigh, NC 27607

SECTION 1: Your Information					
Mr. Ms. Mrs.	Last name		First name	MI	
Mailing address					
City		State	Zip code	County of residence	
Day phone number, including area code (	Evening number, including area code ( )		Fax number, including area code ( )		
	E-mail address		Cell phone number, including area code ( )		
SECTION 2: Hearing Aid Specia	list / Company related to y	our compla	aint		
Full name of Individual/Company					
Business address					
City		State	Zip code	Country, if not US	
Company's internet address (URL) if applicable					
Telephone number, including area code				Fax number, including area code	
SECTION 3: Complaint Information (complete any blocks which a Product, item, or service involved			Date of purchase, service, contract		
Froduct, item, or service involved					
Manufacturer or brand		Model			
Account number		Serial numbe	r		
Did you sign a contract or a lease?  Yes [ ] No [ ]	If yes, please give the following F	Starting da	ate	Expiration date	
Total amount paid	Amount in dispute	How was payment made: [ ] Cash [ ] Check [ ] Credit ca		Cash Check Coredit card	
				order [ ] Wire transfer	
Did you buy an extended service contract?		[ ] Finance agreement [ ] Other  If yes, name of company responsible for extended service contract or			
Yes [ ] No [ ]	warranty		or the second of		

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Complaint # \_\_\_\_\_

SECTION 4: Information About the Transaction					
How was initial contact made between you and the	Where did the transaction take place?				
business?	[ ] At my home				
[ ] Person came to my home	[ ] At company's place of business				
[ ] I went to company's place of business	[ ] Other				
[ ] I received a telephone call from business					
[ ] I telephoned the business					
[ ] I received information in the mail	[ ] Check this box if you are enclosing				
[ ] I responded to radio/television ad	supporting documentation (such as copy of an				
[ ] I responded to printed advertisement	advertisement or contract/purchase agreement).				
[ ] I responded to a Website or e-mail solicitation					
[ ] I received a fax solicitation					
[ ] I attended a trade show or convention					
[ ] Other					
SECTION 5: Details of Complaint					
[ ] Check this box if explanation is continued on Page	e 3 of this form.				

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Complaint # \_\_\_\_\_

SECTION 5 (Continued from page 2): Details of Complaint (if additional space is needed)
[ ] Check this box if additional sheets are attached to explain details of Complaint.

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Complaint # _	
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SECTION 6: Resolution Attempts You Have Made				
Have you contacted the company with your	If yes, name of person most recently contacted	His/her phone number, incl. area code		
complaint? [ ] Yes [ ] No		( )		
Results				
What result would you consider fair?				
Do you have an attorney in this case?	If yes, name of your attorney	Attorney's number, incl. area code		
[ ] Yes [ ] No	in year name or year alterney	( )		
Has your complaint been heard or is it sched	uled to be heard in court? [ ] Yes [ ] No	If yes, where and when?		
16 - 1 1- 1 1 - 1 - 1 112				
If already heard, what was the result?				
SECTION 7: Important Informati	on			
• In most cases, the substance	e of your complaint will Pleas	e be sure to include copies of any		
be forwarded to the business complained about for supporting documents you may have, such as				
response. If the complaint falls within the jurisdiction correspondence, contracts, invoices, receipts,				
of another local, state or federal agency, we may		etc. Do not send originals.		
refer your complaint to that agency.		• This office does not have the authority to give		
	privat	e legal advice or provide private legal		
	repres	sentation to individual consumers.		
The information I have provided	is true and accurate to the best of	my knowledge.		
Initial in this box if you are a consumer and would like to remain anonymous in the public record.				
Your signature:		Date		

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