

NORTH CAROLINA STATE HEARING AID DEALERS AND FITTERS BOARD

COMPLAINT FORM



Mail to: NC Hearing Aid Dealers and Fitters Board  
 701 Exposition Place, Ste 206  
 Raleigh, NC 27615

**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 Specialist / Company related to your complaint**

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 apply to your complaint)**

Product, item, or service involved		Date of purchase, service, contract	
Manufacturer or brand		Model	
Account number		Serial number	
Did you sign a contract or a lease? Yes [ ] No [ ]	If yes, please give the following	Starting date	Expiration date
Total amount paid	Amount in dispute	How was payment made: [ ] Cash [ ] Check [ ] Credit card [ ] Debit card [ ] Money order [ ] Wire transfer [ ] Finance agreement [ ] Other_____	
Did you buy an extended service contract? Yes [ ] No [ ]		If yes, name of company responsible for extended service contract or warranty	

**SECTION 4: Information About the Transaction**

How was initial contact made between you and the business?

- Person came to my home
- I went to company's place of business
- I received a telephone call from business
- I telephoned the business
- I received information in the mail
- I responded to radio/television ad
- I responded to printed advertisement
- I responded to a Website or e-mail solicitation
- I received a fax solicitation
- I attended a trade show or convention
- Other \_\_\_\_\_

Where did the transaction take place?

- At my home
- At company's place of business
- Other \_\_\_\_\_

Check this box if you are enclosing supporting documentation (such as copy of an advertisement or contract/purchase agreement).

**SECTION 5: Details of Complaint**


Check this box if explanation is continued on Page 3 of this form.



**FOR BOARD USE ONLY**

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

**SECTION 6: Resolution Attempts You Have Made**

Have you contacted the company with your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of person most recently contacted	His/her phone number, incl. area code (       )
Results		
What result would you consider fair?		
Do you have an attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of your attorney	Attorney's number, incl. area code (       )
Has your complaint been heard or is it scheduled to be heard in court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?		
If already heard, what was the result?		

**SECTION 7: Important Information**

- In most cases, the substance of your complaint will be forwarded to the business complained about for response. If the complaint falls within the jurisdiction of another local, state or federal agency, we may refer your complaint to that agency.
- Please be sure to include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send originals.

• This office does not have the authority to give private legal advice or provide private legal representation 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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