

**State of Maine  
Office of Attorney General  
Consumer Protection Division  
Consumer Mediation Service  
6 State House Station  
Augusta, ME 04333-0006**

**WILLIAM J. SCHNEIDER,  
Attorney General**

Complaint #
Mediator
<b>PDF</b>

**COMPLAINT FORM  
WOOD**

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against	Name of Consumer
Name of Business _____  Address _____  City _____ State _____ Zip _____  Tel: _____ Fax: _____ Email: _____	Your name _____  Address _____  City _____ State _____ Zip _____  Tel: Work _____ Home _____ Cell: _____ Fax: _____ Email: _____

**Specific details about the transaction:**

Name of person you dealt with: \_\_\_\_\_

Order Date: \_\_\_\_\_ Amount Ordered: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_ Amount Delivered: \_\_\_\_\_

What was the Price Per Cord? \_\_\_\_\_

Did the dealer give you a delivery ticket or receipt? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was the wood advertised? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, was the advertisement accurate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who measured the wood for you? \_\_\_\_\_

Did you use any of the wood before it was measured? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you sued the business or has the business sued you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you submitted this matter to another agency or lawyer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Agency's or Lawyer's name and phone: \_\_\_\_\_

May we send a copy of this complaint to the business? Yes \_\_\_\_\_ No \_\_\_\_\_

If you check "no" we will not be able to mediate your complaint.

However, we will keep your complaint in our files

