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COMMUNITY ACTION COUNCIL, INC.



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PHILIP F. LAVERRIERE, SR.  
Executive Director/CEO

CHARLES L. LOPIANO  
Assistant Executive Director

# Greater Lawrence Community Action Council, Inc. **CONSUMER PROTECTION PROGRAM**

MARIE FINELLI, PROGRAM DIRECTOR  
305 ESSEX STREET, 2nd FLOOR, LAWRENCE, MASSACHUSETTS 01840  
TELEPHONE: (978) 681-4990 FAX: (978) 681-4949  
WEBSITE: [www.glcac.org](http://www.glcac.org)



## BOARD OF DIRECTORS

JUDITH M. YELLE  
President

THOMAS D. SCHIAVONE  
Vice President

DAWNA M. PEREZ  
Treasurer

JEROME A. JOZAK  
Secretary

Dear Consumer:

Enclosed please find the complaint form which you requested. The GLCAC, Inc.'s Local Consumer Aid Program works in cooperation with the Department of the Attorney General to help consumers and businesses resolve disagreements. Please note that this office is staffed with mediators trained in complaint resolution and consumer rights. We cannot provide legal representation or advice.

Your complaint will be reviewed by our staff. If it does not fall within our jurisdiction, it will be referred to the appropriate agency and you will be notified. Otherwise we will mediate the complaint through an informal process involving letters and phone calls in an effort to reach a mutually agreeable resolution.

Should we be unable to resolve your complaint, you may then want to seek relief through your own attorney, Face to Face Mediation or Small Claims Court.

While this office reviews your complaint, we ask that you contact the party or parties involved in your dispute in order to reach an agreement.

**\*\*\* PLEASE SIGN BELOW AND RETURN WITH COMPLAINT FORM\*\*\***

**IMPARTIAL MEDIATION IS OUR SOLE ROLE. AS THIS OFFICE IS NOT STAFFED WITH ATTORNEYS, WE CANNOT PROVIDE LEGAL REPRESENTATION OR ADVICE. IN ALL ACTIONS TAKEN BY THIS OFFICE IN ITS EFFORT TO MEDIATE THE EXISTING PROBLEM, THIS AGENCY AND ITS REPRESENTATIVES SHALL BE HELD HARMLESS FROM ANY ACTION TAKEN BY EITHER PARTY ON THEIR OWN INITIATIVE.**

To affirm that you have read and understood the position of GLCAC, Inc., Local Consumer Aid Program in agreeing to mediate this complaint, please sign and date this document.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**WORKING IN COOPERATION WITH THE ATTORNEY GENERAL'S OFFICE**

Greater Lawrence Community Action Council, Inc.  
**CONSUMER PROTECTION PROGRAM**

305 Essex Street, 2nd Floor

Lawrence, MA 01840

Tel: (978) 681-4990 Fax: (978) 681-4949

**CONSUMER COMPLAINT FORM**

Consumer

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
You are not required to answer but, are you 65 years or older?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Business/Complaint Against\*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

*If you seek a reasonable accommodation in filing a complaint or with completing this form, please call (978) 681-4990. If you wish to communicate via facsimile service, please check here \_\_\_\_\_.*

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

Product/service involved: \_\_\_\_\_  
Cost of product/service: \_\_\_\_\_ Amount paid to date: \_\_\_\_\_  
Date of transaction: \_\_\_\_\_ Was a contract signed? \_\_\_\_\_  
How did you pay for product? Cash\_\_\_ Check\_\_\_ Credit Card\_\_\_ Installment plan/loan\_\_\_  
Was product/service advertised? Mail\_\_\_ Radio/TV\_\_\_ Newspaper\_\_\_ Telephone\_\_\_  
Internet\_\_\_  
Have you complained directly to the company: in person\_\_\_ by phone\_\_\_ by letter\_\_\_  
To whom: \_\_\_\_\_ Date: \_\_\_\_\_  
What outcome do you seek? \_\_\_\_\_

|  |   |
|--|---|
| Have you contacted another agency? _____<br>If yes, please give the name of the agency below.<br>_____ | Have you hired an attorney? _____<br>If yes, please give the name of the attorney below.<br>_____ |
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**CONFIDENTIALITY STATEMENT**

Your complaint form may be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, address, or telephone number, or any other information on the form that identifies you. Your record in its entirety may, however, be disclosed to state and federal authorities as required by law, and to law enforcement and regulatory agencies who may assist in resolving your complaint.

\_\_\_\_\_  
Consumer's Name (please print)

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date