



P.O. Box 995
 Nome, Alaska 99762
 443-5256 or 5257
 FAX No. (907) 443-2160

BERING STRAITS REGIONAL HOUSING AUTHORITY

Consumer Complaint

Consumer Information		Business Information	
Name: First Last Age: Mr./Mrs./Ms.		Business or Organization Your Complaint is Against	
Address:	Apt#	Address	
City, State, Zip		City, State, Zip	
Work Phone#	Home Phone #	Phone #	E-Mail Address:
E-Mail Address:		Contact Person: Website Address:	

INFORMATION ABOUT THE TRANSACTION OR EVENT

Date of transaction or event: _____
 Did you sign a contract? _____ If so, please attach a copy

Product or services involved: _____

Amount paid: \$ _____ Paid by: Cash Check Credit Card Loan

Did you see or hear an advertisement for the product or service? If so, where and when? _____

First contact between you and the company: (check one) Where did the transaction take place: (check one)

<input type="checkbox"/> Person came to my house	<input type="checkbox"/> Over the Phone
<input type="checkbox"/> I telephoned the company	<input type="checkbox"/> At Home
<input type="checkbox"/> I responded to a radio/ta ad	<input type="checkbox"/> At the company
<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> By Mail
<input type="checkbox"/> I went to the company's place of business	<input type="checkbox"/> Internet
<input type="checkbox"/> I received a telephone call from company	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Internet	
<input type="checkbox"/> Other (explain)	

RESOLUTION SOUGHT

What would you consider a satisfactory resolution into this matter?
 Refund Product delivery Services performed Other (explain)

If you are seeking a refund, please state the amount: \$ _____

I am not seeking a resolution to this matter, but am filing a complaint for reporting purposes only.

ACTION YOU HAVE TAKEN

HAVE YOU COMPLAINED TO BUSINESS OR ORGANIZATION? Yes No
(if so, attach a copy of complaint)

How? Mail By Telephone In Person Date of Complaint _____

Person contacted: _____ Job Title _____
Nature of Response: _____ Date of Response _____

Have you retained an attorney regarding this complaint? Yes No
If so, please state the name, address, and phone number of your attorney:

Has legal action been taken by you or against you with regard to this complaint? Yes No
If so, please describe the current status of any legal action:

Have you filed this complaint with any other agencies? Yes No
If so, list name of agency and status of complaint:

DESCRIPTION OF TRANSACTION OR EVENT

Please describe the transaction or event and your complaint. You may use additional sheets if necessary. Be sure to tell WHAT happened, When it happened, and WHERE it happened. Include information regarding any representations you feel to be deceptive, misleading, or false. Be specific about any oral statements the business made to you, ESPECIALLY those that influenced you to deal with the company. Attach COPIES of all contracts, letters, receipts, canceled checks (front & back), advertisements, or any other papers that relate to your complaint.

Who referred you to this office?

Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, (5 USC 552 a (e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collections and use of the information requested on the Consumer Complaint. You may retain this statement for your records.

Routine uses

The information which you provide may be used in monitoring, evaluating, and planning housing programs. In addition, the information may be used in investigative, enforcement or prosecutorial proceedings.

Voluntary Disclosure

All information you disclose are voluntary and will be used to respond to complaints filed to BSRHA

Your Signature (Required)

Date