NARRI <sup>®</sup> NATIONAL ASSOCIATION OF THE REMODELING INDUSTRY GREATER CLEVELAND C <u>H A P T E</u> R		NARI Greater Cleveland Consumer Complaint Form		
Date:				
Name:			Phone: (	)
Address:		_ City:		Zip:
E-Mail Address:				
Have you retained an atto	orney regarding this matter:	Yes	No	
Section A: Information o	n company you are filing a c	complaint ag	gainst.	
Company Name:		I	Phone (	)
Company Address:		City:		Zip:
Company Contact Person:				
Section B: Information re contract.	egarding the work you had c	contracted f	or. <u>Please</u>	attach a copy of the
Contract Date:	Amt. of Contract:		Money P	aid to Date:

Brief description of work done:

## **Section C: Complaint Information**

Please provide a description of your complaint. Include dates & times when necessary:

Date/Time	

## **Section D: Resolution**

What attempts, if any, has the company made to correct this situation:

What do you think is a fair and reasonable way to resolve this?

Please include with this complaint form, a copy of your contract and any other documents and/or photos you feel would be important to bring about a satisfactory resolution. Please send copies, not your originals.

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

Please mail your complaint to:	NARI Greater Cleveland 3500 Lorain Ave., Suite #200 Cleveland, OH 44113
	Attention: Beth S. Beerer, Director of Education & Ethics
Or Fax complaint to:	(216) 961-6974
Or Email complaint to:	bethb@naricleveland.com

