



COMPLAINT FORM

FOR BOARD USE ONLY

COM _____

INVESTIGATOR _____

YOUR INFORMATION

Last Name		First Name		Middle Initial
Mailing Address				
City		State	Zip	County of Residence
Day phone number, including area code ()			Evening Phone Number, including area code ()	
Fax Number ()			Cell Phone Number, including area code ()	
EMAIL				

HEARING AID DEALER/FITTER INDIVIDUAL and/or BUSINESS related to your complaint

Full Name of Individual(s)			License Number(s) if known	
Name of Business				
Business Address where actions related to your complaint occurred. (If all sales/services were at your residence, write "MY HOME")				
City		State	Zip	County of Business Location
Company's internet address				
Phone Number including area code ()			Fax Number including area code ()	
EMAIL				

COMPLAINT INFORMATION *(Complete any blocks that apply to your complaint.)*

Product, item and/or service involved			Date of purchase/sales contract	
Manufacturer or Brand			Model/Number	
Serial Number(s)				
Left:			Right:	
List any credit services involved, e.g. "Care Credit"			Account Number	
Did you sign a contract, credit application and/or lease? If yes:			Total Amount Paid	Amount in Dispute
Begin date:		Expiration date:		
All forms of payment used:				
<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card already in your possession <input type="checkbox"/> Finance Agreement (including a newly-acquired credit card)				
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Wire transfer <input type="checkbox"/> Other _____				
Was a warranty or extended service contract involved? <input type="checkbox"/> YES <input type="checkbox"/> NO			Name of company and/or individual responsible for extended warranty	

RESOLUTION ATTEMPTS YOU HAVE MADE

What date was your **first** contact with the company/individual to give notice of your complaint?

DATE: _____ By Telephone In person In writing US Mail In writing by FAX In writing by EMAIL

Name of person(s) with whom you communicated: _____

At what phone number/fax/address/email? _____

What date was your **last** contact with the company/individual to attempt to resolve your complaint?

DATE: _____ By Telephone In person In writing US Mail In writing by FAX In writing by EMAIL

Name of person(s) with whom you communicated: _____

At what phone number/fax/address/email? _____

RESULTS to date:

RESULTS you still seek?

Do you have an attorney in this case?

Yes No

Attorney's Name

Attorney's Phone including area code

()

Attorney's EMAIL

Has your case been heard, or been scheduled to be heard in a court?

Yes No

Court Name?

Where and When?

If case was already heard, what was the result?

Have you filed a complaint with the Ohio Attorney General's office?

Yes No

<http://www.ohioattorneygeneral.gov/complaint>

(800)282-0515

Ohio Attorney General Mike DeWine, ATTN: Consumer Complaint, 30 E. Broad St., 14th Floor, Columbus, OH 43215

Have you filed a complaint with your local Better Business Bureau?

Yes No

If yes, which BBB office?

PLEASE READ CAREFULLY...

Be sure to include COPIES (not originals) of any supporting documents.

This office does NOT have the authority to give private legal advice or provide private legal representation to individual consumers.

In most cases, a copy of the substance of a complaint will be forwarded to the business/individual about whom the complaint has been filed. Information submitted to the Ohio Hearing Aid Dealers and Fitters Licensing Board may be considered public information and may be released in a public records request. Further:

I authorize the release of any information relating to my case from any hearing aid dispenser including the dispenser named in this complaint. I further agree that the Board and its representatives may release any and all of my records and treatment information to any other governmental agency which requests such information as part of an investigation into other possible violations of Ohio laws & regulations.

I certify under penalty of perjury under the laws of the State of Ohio that to the best of my knowledge all of the above statements are correct.

SIGNATURE

DATE

SUBMIT YOUR COMPLAINT

BY EMAIL (Scan)

hearing@odh.ohio.gov

BY FAX

614-564-2484

BY MAIL

Ohio Hearing Aid Dealers and Fitters Licensing Board
246 N. High Street
Columbus OH 43215

QUESTIONS? EMAIL hearing@odh.ohio.gov OR CALL 641.466.5215