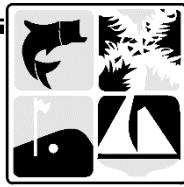


Mail To: Better Business Department  
2702 Tamiami Trail  
Port Charlotte, FL 33952



Phone: (941) 627-2222  
Fax: (941) 627-9730  
www.charlottecountycommerce.org

## Charlotte County Chamber of Commerce, Inc. Customer Experience Report

Date: \_\_\_\_\_ Fee Paid? Y/N \_\_\_\_\_ Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Your Name: \_\_\_\_\_ Complaint Against: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_ Type of Transaction: \_\_\_\_\_

Date you Complained to the Company Directly: \_\_\_\_\_ To Whom: \_\_\_\_\_

### CHECK CAUSE(S) OF COMPLAINT AND EXPLAIN BRIEFLY:

1. Advertised Item Unavailable     2. Defective Merchandise     3. Guarantee Not Fulfilled  
 4. Misrepresentation Advertised     5. Misrepresentation Oral     6. Merchandise Not Delivered  
 7. Adjustment Not Received     8. Unsatisfactory Service     9. Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

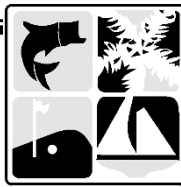
Please attach two copies of any additional explanations, pictures or other related documentation.

What settlement would you consider to be mutually fair: \_\_\_\_\_

**I HEREBY RELEASE**, indemnify and hold harmless the Charlotte County Chamber of Commerce, Inc., and its Better Business Department for any claim, loss, action or cause of action of any kind whatsoever, arising out of or resulting from its acceptance, filing, publication or use, in any manner of this form and the complaint. I have read and understand the terms of the agreement and agree to be bound by them. My allegations are true.

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

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**Mission:** The Better Business Department is committed to promoting the highest quality of business practices by providing information to the consumers on the responsiveness of its members.

### **INSTRUCTIONS FOR FILING A CUSTOMER EXPERIENCE REPORT FORM:**

To enable us to process your report, it is necessary that you submit the following:

1. Completed, signed Customer Experience Report. Please make a copy for your records before submitting to the Department.
2. Two legible copies of any receipts, contracts, warranties or other relevant documents that may apply. Do not send original documents.
3. Your check or money order for the processing fee, which covers the cost of forms, letter and postage. **Please make your check in the amount of \$5.00 payable to: Charlotte County Chamber of Commerce, Inc.**

The party against whom you are filing a report:

\_\_\_\_\_ is a chamber member and has agreed to comply with the Better Business Department Procedures.

\_\_\_\_\_ Is **NOT** a Chamber/Better Business Department member.

The staff costs of processing your report are paid from the Chamber's member supported operating funds.

### **THE PROCESS:**

After receiving your complaint, the Better Business Department will mail a copy of your Customer Experience Report to the party against whom you are complaining, along with a letter from the Better Business Department requesting a response within 10 Days. If received, the response will be forwarded to you.

If a response is not received within 10 days, a second request for a response will be sent allowing a second 10 day response period.

Your complaint will be recorded, as well as whether an answer has been received. This record becomes part of the permanent record for that company within the Better Business Department. Future inquiries as to complaint history will include your report in accordance with parameters established by the policies and procedures of the Better Business Department.