



DMA/BBB Dispute Resolution Program
Complaint Form



Please provide the information requested and attach any documents that will help us better understand the dispute.

SECTION 1: Your Contact Information

Your Name:	Your Title/Position:	
Your Company/Organization:		
Mailing address:		
City:	State:	Zip code:
Day phone:	Evening phone:	Cell phone:
Fax:	E-mail address:	

SECTION 2: Contact Information of Supplier

Name (primary contact):	His/Her Title or Position:	
Vendor Company/Organization:		
Mailing address:		
City:	State:	Zip code:
Day phone:	Evening phone:	Cell phone:
Fax:	E-mail address:	

SECTION 3: Transaction Detail and Complaint (attach support documents as necessary)

Contract Date:

Invoice/Contract #:

SECTION 4: Desired Outcome (Describe what you want done to resolve your concern)

Section 5: Please indicate your preferred dispute resolution method

Signature

Date