

December 11, 2015

Julie Menin
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers



Re: Case Number 20877-2015-CMPL

WE NEED MORE INFORMATION TO HELP YOU WITH YOUR COMPLAINT ABOUT A DEBT COLLECTION AGENCY

Respond by December 25, 2015

Thank you for contacting the NYC Department of Consumer Affairs. Please follow the instructions below so that we may help you with your complaint:

Send TWO copies of all letters and any other documents you have received from the Debt Collection Agency, the Debt Consolidation Agency and/or the Debt Settlement Company. Be sure to send BOTH SIDES of each document. Keep the originals for your own files.

Please answer:

- Is the address on the document/s from the debt collection agency your **home address**?
Yes: ____ No: ____
- Are you under contract with a **debt consolidation agency or a debt settlement company**?
Yes: ____ No: ____
If yes, name of the agency or the company:

If you don't have any documents from the debt collection agency, please explain why:

Help us to help you. If you have copies of the following documents please attach them to your complaint:

Letters/other documents you sent to Debt Collection Agency and any proof of mailing

- Proof of any payments you made on alleged debt
- Your credit report
- Notes you have taken on any telephone conversations with Debt Collection Agency
- Contract with original creditor (cell phone company, credit card company, etc.)
- Bills from original creditor
- If you believe your identity has been stolen, your police report, completed Federal Trade Commission ID Theft form, and any other documentation
- Other



20877-2015-CMPL

Send us your response in ONE of the following ways:

- Mail to DCA Consumer Services, 42 Broadway, 9th Floor, New York, NY 10004
OR
- Fax to +1 212 487 4482/646-500-5914 OR
- Email to consumers@dca.nyc.gov

**Call us with any questions. We're available Monday–Friday, 9:00am – 5:00pm, at
+1 212 487 4110.**





FILE YOUR COMPLAINT

Thank you for contacting the New York City Department of Consumer Affairs (DCA). Please complete this form. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable. You must provide information marked with a star (*).

Mail TWO copies of this completed form and related documents (e.g., store receipts, warranties, contracts, etc.) to DCA.
Do not send originals.

NYC Department of Consumer Affairs
Consumer Services Division
42 Broadway, 9th Floor
New York, NY 10004

Did You Contact the Business?

DCA advises you to contact the business directly in an initial attempt to resolve your complaint. When contacting the business, please keep a log of all telephone calls and copies of letters that you send. If your attempts to resolve the issue yourself are unsuccessful, then we advise you to file your complaint with DCA.

Did you attempt to resolve your complaint with the business?

☐ Yes ☐ No

If No, please explain why not.

What Do You Want DCA to Do?

Check ONE box only.

☐ **I want help with my complaint. See back for requested action.**

If you request help, we will contact you. DCA receives a very high volume of complaints, so please be patient.

If you have not heard from us after 45 days, please call 311 and ask to be transferred to DCA to check the status of your complaint. Have your docket number handy. See the enclosed "What happens to your complaint?" sheet for more information.

☐ **I do *not* want help with my complaint. However, I want this business investigated for unfair business practices.**

If you do not request help, we will not contact you, but will use the information you provide to investigate the reported business' practices.

Is Your Complaint against a Home Improvement Contractor?

If your complaint is against a home improvement contractor, please answer the questions below. To file a complaint with DCA, the home must be located in New York City. We cannot help with complaints about new home construction.

1. Was work done on a:
 - ☐ Single or two-family house
 - ☐ Residential building owned by you as an individual having four units or less
 - ☐ Co-op or condo owned by you
2. Is the contractor presently working in your home?
 - ☐ Yes ☐ No
3. Have you had to move out of your home due to the work done by the contractor?
 - ☐ Yes ☐ No

4. Did the contractor offer you a loan or arrange a loan for you?
 - ☐ Yes ☐ No
5. Does the contractor have a lien against your home?
 - ☐ Yes ☐ No
6. Do you have a written contract?
 - ☐ Yes ☐ No
7. Is the job location different than your home address?
 - ☐ Yes ☐ No
8. Did the contractor provide a written warranty to you?
 - ☐ Yes ☐ No



20877-2015-CMPL

Tell Us about Your Complaint

Reason for your complaint Billing Dispute - B02

*Product/Service involved _____ *Date of transaction _____

Was this an Internet order or purchase? ☐ Yes ☐ No

*Do you have a written contract? ☐ Yes ☐ No *Cost of product/service _____ *Amount paid to date _____

How did you pay? ☐ Cash ☐ Check ☐ Credit Card

If you paid by credit card, have you contacted your credit card company? ☐ Yes ☐ No

*Is this matter pending in court? ☐ Yes ☐ No

What action are you seeking from DCA to resolve this complaint? **Check ONE box only.**

☐ Repair of product/service ☐ Exchange ☐ Completion of contract terms ☐ Refund ☐ Cancellation of contract

Note: If you checked one of the boxes above, you must check the box "I want help with my complaint" on front.

Briefly describe your complaint. Use additional pages as needed.

CALLER IS RECEIVING LETTERS FROM DEBT COLLECTION AGENCY FOR A DEBT SHE DOES NOT OWE. THE LETTERS ARE ADDRESSED TO ANOTHER PERSON. THE CALLER HAS SAME FIRST NAME AND LAST NAME OF THIS PERSON. HOWEVER, THE MIDDLE INITIAL IS DIFFERENT FROM WHAT IS ON LETTER. CALLER'S MIDDLE INITIAL IS J AND THE LETTER SAYS D. CALLER NEVER LIVED IN HOUSING OR CREATED THE DEBT THAT LETTERS ASKED TO BE PAID.

Provide Your Information

*Name
(First and Last) _____

*Home Address
(Include Apartment #) _____

*City, State, ZIP _____ *Country _____

*Contact number _____

Are you currently serving on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No

Would you like to receive electronic communications from DCA? ☐ Yes ☐ No

If Yes, provide E-mail _____

*Print Name _____ *Signature _____ *Date _____

Provide Information about the Business

*Business Name HF HOLDINGS ☐ 877-680-6064

*Address P.O. BOX 593080 *Daytime Phone _____

*City, State, ZIP ORLANDO, FL 32859 *BusinessFax _____

*Type of Business Debt Collection Agency - 122 (For home improvement contractor complaints, answer the questions on front.)

*E-mail _____ *License # _____



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