

# COMPLAINT FORM

C No. 44-034208 D. 9933510 Cat. MT12 CL \_\_\_\_\_ DATE \_\_\_\_\_

Mail to:  
Consumer Complaint  
S.C. Dept. of Consumer Affairs  
P.O. Box 5757  
Columbia, S.C. 29202-5757

2801 Darline Street  
Telephone 734-9452  
Toll Free 1-800-822-1594 Within S.C.  
Fax 734-9085

Laurence Robinson  
(Your Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Res. Phone) (Office Phone) (County)

Give complete name and address of  
BUSINESS COMPLAINED AGAINST.

National Invention Services  
(Company)

(Who did you deal with?)  
313 Commerce Dr.  
(Address)  
Howley's Island, SC 29585-  
6052  
803 237-7755  
(Phone)

Is an attorney handling your complaint or have you complained to any other agency or magistrate office? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give name, address and phone number: \_\_\_\_\_

NOTE: ATTACH TWO COPIES OF CONTRACTS, RECEIPTS, WARRANTIES, CHECKS, BILL OF SALE, ETC.

Please provide a complete explanation of your complaint: See Attach

**STOP** You must attach two copies of any additional information.

Date complained to Company \_\_\_\_\_ Response \_\_\_\_\_

What do you want the business to do? \_\_\_\_\_

PLEASE SIGN AND DATE THIS COMPLAINT.

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR COMPLAINT AS A PUBLIC RECORD.