

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
AUTO REPAIR COMPLAINT FORM

LAST NAME	FIRST NAME	NAME OF BUSINESS YOU ARE COMPLAINING ABOUT	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DAYTIME PHONE #	EVENING PHONE #	PHONE #	
E-MAIL ADDRESS	FAX #	E-MAIL / WEB ADDRESS	FAX #

Please return this sheet with a copy (no originals please) of any and all paperwork related to this transaction to the Consumer Protection Division office nearest you (listed on the other side of this form).

Vehicle: _____
 Year Make Model VIN (Vehicle Identification Number)

Purchase Date: _____ Vehicle was (circle one): NEW USED

Mileage: _____ Now: _____
 At time of repair

How did you learn about the business: PRINT AD RADIO AD TV AD MAIL SOLICITATION OTHER

Person(s) you dealt with? _____

Date of repair(s): _____

Reason for initial repair(s): _____

Did you ask for a written estimate? YES NO Was a written estimate given? YES NO If yes, please attach a copy.

If you were charged a fee for the estimate, was the fee disclosed before the estimate was given? YES NO

Estimated cost of repair: \$ _____

Did you authorize all work performed by the repair facility? YES NO

Amount you paid: \$ _____ By: CASH CHECK CREDIT OTHER _____

Was the work guaranteed? (Describe) _____

Did the repair facility offer to return your replaced parts? YES NO

Did the repair facility return all replaced parts to you?: YES NO Do you still have them? YES NO

Did the repair shop give you any other forms or documents? YES NO If yes, please attach a copy.

Describe your car's present condition: _____

Where is your vehicle now? HOME REPAIR SHOP OTHER _____

PLEASE EXPLAIN THE CIRCUMSTANCES OF YOUR COMPLAINT (attach additional pages if necessary):

