

**STATE OF NORTH CAROLINA  
CONSUMER  
COMPLAINT  
(Motor Vehicle)**

**MAIL TO:** CONSUMER PROTECTION  
ATTORNEY GENERAL'S OFFICE  
9001 MAIL SERVICE CENTER  
RALEIGH, NC 27699-9001  
TELEPHONE: (919) 716-6000  
TOLL-FREE IN NC: (877) 566-7226

**SECTION 1: Your Information**

|  |  |  |                    |
|--|--|--|--------------------|
| Mr. Ms. Mrs.                                 | Last name  | First name                             | MI                 |
| Mailing address                              |  |  |                    |
| City   | State  | Zip code                               | Country, if not US |
| Day phone number, including area code<br>( ) | Evening phone number, including area code<br>( ) | Fax number, including area code<br>( ) |                    |
| County of residence                          | E-mail address                                   | Cell phone, including area code<br>( ) |                    |

**SECTION 2: Information About Company Against Which You Are Complaining**

|  |  |          |                    |
|--|--|----------|--------------------|
| Full name of company                         |  |          |                    |
| Mailing address                              |  |          |                    |
| City   | State                                  | Zip code | Country, if not US |
| Telephone number, including area code<br>( ) | Fax number, including area code<br>( ) |          |                    |

**SECTION 3: Complaint Information (complete any blocks which apply to your complaint)**

|   |   |   |  |                 |
|---|---|---|--|-----------------|
| Year  | Make  | Model   | VIN#                                     | Mileage         |
| Is your complaint about: <input type="checkbox"/> New car sales practices <input type="checkbox"/> Used car sales practices   |   |   | Date of: (check all that apply)          |                 |
| <input type="checkbox"/> Warranty <input type="checkbox"/> Repossession <input type="checkbox"/> Towing <input type="checkbox"/> Manufacturing Defect <input type="checkbox"/> Repairs <input type="checkbox"/> |   |   | <input type="checkbox"/> purchase: _____ |                 |
| Financing or leasing? <input type="checkbox"/> Damage Disclosure <input type="checkbox"/> Title Issues  |   |   | <input type="checkbox"/> repair: _____   |                 |
| Did you buy your vehicle: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> As Is?  |   | Where Financed (if relevant). Include Address:  |  |                 |
| Did you sign a lease?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | If yes, please give the following $\Delta$                                    |   | Starting date                            | Expiration date |
| Total amount paid   | Amount in dispute   | How was payment made: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card<br><input type="checkbox"/> Money order <input type="checkbox"/> Wire transfer <input type="checkbox"/> Finance agreement<br><input type="checkbox"/> Other _____ |  |                 |
| Did you buy an extended service contract?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | If yes, name of company responsible for extended service contract or warranty |   |  |                 |
| If repairs, indicate type of repairs or services performed (Air conditioner, brakes, oil change, transmission, etc.)  |   |   |  |                 |
| Before any work was performed, did you receive an estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |  |                 |
| Did you authorize any changes to the original estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on the next page   |   |   |  |                 |
| Were the completed repairs different from what you had authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on the next page  |   |   |  |                 |

**SECTION 4: Information About the Transaction**

|  |  |
|--|--|
| <p><b>How was initial contact made between you and the business?</b></p> <input type="checkbox"/> I went to company's place of business<br><input type="checkbox"/> I received a telephone call from business<br><input type="checkbox"/> I received information in the mail or by fax<br><input type="checkbox"/> I responded to radio/television ad<br><input type="checkbox"/> I responded to printed advertisement<br><input type="checkbox"/> I responded to a Website or e-mail solicitation<br><input type="checkbox"/> I attended a trade show or convention<br><input type="checkbox"/> Other _____ | <p><b>Where did the transaction take place?</b></p> <input type="checkbox"/> At my home<br><input type="checkbox"/> At company's place of business<br><input type="checkbox"/> By mail<br><input type="checkbox"/> Over the phone<br><input type="checkbox"/> Via computer (website or e-mail)<br><input type="checkbox"/> Trade show or hotel<br><input type="checkbox"/> Other _____ |
|--|--|

**SECTION 5: Details of Complaint (use additional sheets if necessary)**

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**SECTION 6: Resolution Attempts You Have Made**

|   |  |   |
|---|--|---|
| Have you contacted the company with your complaint? [ ] Yes [ ] No  | If yes, name of person most recently contacted | His/her phone number, incl. area code<br>(      ) |
| Results   |  |   |
| What result would you consider fair?  |  |   |
| Do you have an attorney in this case? [ ] Yes [ ] No  | If yes, name of your attorney                  | Attorney's number, incl. area code<br>(      )    |
| Has your complaint been heard or is it scheduled to be heard in court? [ ] Yes [ ] No If yes, where and when? |  |   |
| If already heard, what was the result?  |  |   |

**SECTION 7: Important Information**

|   |   |
|---|---|
| <p>§ Documents provided to this office may be public record.</p> <p>§ In most cases your complaint will be forwarded to the business complained about for response. If the complaint falls within the jurisdiction of another local, state or federal agency, we may refer your complaint to that agency.</p> | <p>§ Please be sure to include <b>copies</b> of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do <b>not</b> send originals.</p> <p>§ This office does not have the authority to give private legal advice or provide private legal representation to individual consumers.</p> |
|---|---|

**The information I have provided is true and accurate to the best of my knowledge.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_