# STATE OF NORTH CAROLINA

## CONSUMER COMPLAINT

**Motor Vehicle**

### SECTION 1: Your Information

<table>
<thead>
<tr>
<th>Mr. Ms. Mrs.</th>
<th>Last name</th>
<th>First name</th>
<th>MI</th>
</tr>
</thead>
</table>

Mailing address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Country, if not US</th>
</tr>
</thead>
</table>

Day phone number, including area code ( )

Evening phone number, including area code ( )

Fax number, including area code ( )

County of residence

E-mail address

Cell phone, including area code ( )

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

Full name of company

Mailing address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Country, if not US</th>
</tr>
</thead>
</table>

Telephone number, including area code ( )

Fax number, including area code ( )

### SECTION 3: Complaint Information

**Complete any blocks which apply to your complaint**

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>VIN#</th>
<th>Mileage</th>
</tr>
</thead>
</table>

Is your complaint about:  
- [ ] New car sales practices  
- [ ] Used car sales practices  
- [ ] Warranty  
- [ ] Repossession  
- [ ] Towing  
- [ ] Manufacturing Defect  
- [ ] Repairs  
- [ ] [ ] purchase: ________________  
- [ ] repair: ________________

Did you buy your vehicle:  
- [ ] New  
- [ ] Used  
- [ ] As Is?  
Where Financed (if relevant). Include Address:

Did you sign a lease?  
- [ ] Yes  
- [ ] No  
If yes, please give the following:  
Starting date: ________________  
Expiration date: ________________

Total amount paid

Amount in dispute

How was payment made:  
- [ ] Cash  
- [ ] Check  
- [ ] Credit card  
- [ ] Debit card  
- [ ] Money order  
- [ ] Wire transfer  
- [ ] Finance agreement  
- [ ] Other_____________________________________________________

Did you buy an extended service contract?  
- [ ] Yes  
- [ ] No  
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?  
- [ ] Yes  
- [ ] No

Did you authorize any changes to the original estimate?  
- [ ] Yes  
- [ ] No  
If yes, provide details on the next page

Were the completed repairs different from what you had authorized?  
- [ ] Yes  
- [ ] No  
If yes, provide details on the next page

### SECTION 4: Information About the Transaction

**How was initial contact made between you and the business?**

- [ ] I went to company’s place of business  
- [ ] I received a telephone call from business  
- [ ] I received information in the mail or by fax  
- [ ] I responded to radio/television ad  
- [ ] I responded to printed advertisement  
- [ ] I responded to a Website or e-mail solicitation  
- [ ] I attended a trade show or convention  
- [ ] Other ________________________

**Where did the transaction take place?**

- [ ] At my home  
- [ ] At company’s place of business  
- [ ] By mail  
- [ ] Over the phone  
- [ ] Via computer (website or e-mail)  
- [ ] Trade show or hotel  
- [ ] Other _____________________________________
SECTION 5: Details of Complaint (use additional sheets if necessary)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you contacted the company with your complaint?</td>
<td>If yes, name of person most recently contacted</td>
<td>His/her phone number, incl. area code</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an attorney in this case?</td>
<td>If yes, name of your attorney</td>
<td>Attorney’s number, incl. area code</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>Has your complaint been heard or is it scheduled to be heard in court?</td>
<td>[ ] Yes</td>
<td>If yes, where and when?</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 6: Resolution Attempts You Have Made

<table>
<thead>
<tr>
<th>Results</th>
<th>What result would you consider fair?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have an attorney in this case?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has your complaint been heard or is it scheduled to be heard in court?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If yes, where and when?</td>
</tr>
</tbody>
</table>

SECTION 7: Important Information

<table>
<thead>
<tr>
<th>Documents provided to this office may be public record.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please be sure to include copies of any supporting documents you may have, such as correspondence, contracts, invoices, receipts, etc. Do not send originals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This office does not have the authority to give private legal advice or provide private legal representation to individual consumers.</td>
</tr>
</tbody>
</table>

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

Your signature: ______________________________ Date: ______________________________

Mail to: NC Attorney General’s Office, Consumer Protection Division, 9001 Mail Service Center, Raleigh, NC 27699-9001