

**State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006**

**WILLIAM J. SCHNEIDER,
Attorney General**

Complaint #
Mediator
PDF

**COMPLAINT FORM
MOTOR VEHICLE**

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type. Please do not use staples.**

Name Of Business Complaint Is To Be Filed Against

Name of Business: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____
 Fax: _____
 Email: _____

Name of Consumer

Your Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: Work _____ Home _____
 Cell: _____ Fax: _____
 Email: _____

Manufacturer

Name of Manufacturer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____
 Fax: _____
 Email: _____

My complaint involves:

New vehicle: _____ Make: _____
 Used vehicle: _____ Model: _____
 Leased vehicle: _____ Year: _____
 Rental vehicle: _____ Vin: _____
 Repairs: _____ Mileage at purchase: _____
 Other: _____ Current mileage: _____
 Date Problem Occurred: _____

Date of Transaction: _____ Price: _____ Name of Person you dealt with: _____
 Was the service or product advertised? Yes ___ No ___ If yes, was the advertisement accurate? Yes ___ No ___
 Did you sign a contract? Yes ___ No ___ Did you buy an extended warranty or service contract? Yes ___ No ___
 Did you receive a warranty? Yes ___ No ___ Describe the warranty _____

Did you pay a document fee? Yes ___ No ___ Was the amount posted on the vehicle? Yes ___ No ___ Amount posted was \$ _____

USED VEHICLE:

Did the dealer display the following stickers on the car?

Valid Inspection Sticker: Yes ___ No ___
 If yes, give expiration date: _____

Unsafe Motor Vehicle Sticker: Yes ___ No ___

Used Vehicle Buyer's Guide: Yes ___ No ___

Did you receive a copy of the Used Vehicle Buyer's Guide? Yes ___ No ___

Did the Buyer's Guide accurately describe all serious damage or repairs? Yes ___ No ___

Could the vehicle pass the state inspection when it was sold to you? Yes ___ No ___

REPAIR OF VEHICLE:

Date(s) of repair: _____ Number of days in the garage for repair: _____

Number of times repaired for the same problem _____

Did you receive a written estimate? _____. Did you leave a written limit for the cost of the repair? _____

Dollar amount of estimate: _____ Final repair cost: _____

PLEASE COMPLETE NEXT PAGE

