

STATE OF MAINE BUREAU OF MOTOR VEHICLES Office of Investigation David W. Guilmette, Director

COMPLAINT PETITION

THE PERSON COMPLAIN	ING IS:					
Your Name		Date of Birth				
Street Address	t Address Mailing Address					
City		State		_ Zip Code		
Home Phone	Work Phone		ExtCell Phone			
Email Address			Today's Date			
This complaint is about a: THE COMPLAINT IS AGA		Title	Registration 🗌	License/ ID	Other	
Company / Person						
Street Address		Mailing Address				
City	State			_ Zip Code		
Business Phone	Pe	erson(s) Dealt V	Vith			
VEHICLE INFORMATION	1:					
Year Make	Mode	el	Color Ti	tle Application CTA	#	
	Current Mileage					
Date of Purchase				-		
Paid by: Cash Check						
Where did you first view the v						
Did the vehicle have a current						
Inspection Sticker #						
Did the vehicle have a used ca	r buyer's guic	le displayed?	Yes No			
Have you complained to the c	ompany? Yes	□ No □				
How did you contact them?	n person 🗌 1	oy mail 🗌 by	phone 🗌 by email [
Have you hired a lawyer? Yes	s No N	Have you bro	ought suit? Yes □ N	Io 🗌		

101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52144 Fax: (207) 624-9258 TTY Users call Maine relay 711 MVI-0110 Rev 09/2015

On the back of this form briefly state the facts of your complaint.

Please describe your problem and the remedy you would prefer. You will be contacted by a Detective from this Agency to discuss your complaint. You may be asked to provide copies of paperwork pertaining to the nature of your complaint (i.e. bill of sale, copy of title application, used car buyer's guide, license/ID, etc.). You are not limited to 1 page to describe your problem.

YOUR COMPLAINT IS:

Please use additional paper if more space is needed.

I make this complaint in all honesty and agree to cooperate with all phases of this investigation, including court testimony, if requested.

Signature ____

_____ Date _____

Make sure copies of all support documents are enclosed

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