(REV. 5-98)

(OFFICE USE ONLY)

DEALERS' LICENSE & REGULATIONS OFFICE

DATE RECEIVED:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860

COMPLAINT# _____

I wish to file a complaint against the dealership, manufacturer, and/or distributor named below. I understand the Dealers' License & Regulations Office does not act as an attorney for an individual, but rather represents the State of Rhode Island in enforcing automobile laws falling in the jurisdiction of this office.

Date: _____

(Please print or type)

COMPLAINANT'S NAME: _____

ADDRESS: _____
NO. STREET CITY/TOWN STATE ZIP CODE

HOME TELEPHONE#: _____ BUSINESS TELEPHONE#: _____

YOUR DRIVER'S LICENSE#: _____

NAME OF DEALERSHIP:

_____

ADDRESS OF DEALERSHIP: _____
NO. STREET CITY/TOWN STATE ZIP CODE

DEALERSHIP'S TELEPHONE#: _____

DATE OF TRANSACTION: _____ TOTAL PRICE PAID: _____

SALES PERSON/AGENT: _____

VEHICLE YEAR - MAKE - MODEL: _____

ODOMETER READING AT TIME OF SALE: _____ PRESENT READING: _____

IF VEHICLE IS REGISTERED, WHAT IS YOUR REGISTRATION PLATE#: _____

DO YOU HAVE A LIEN ON THIS VEHICLE? ____ IF YES, WITH WHOM? _____

HAVE YOU CONTACTED ANY OTHER AGENCIES ____ IF YES, LIST BELOW: _____

_____

_____

_____

HAVE YOU CONTACTED A PRIVATE ATTORNEY? ____ IF SO, STATE NAME & ADDRESS:

_____

_____

_____

COMPLAINT#_____

A. WHAT TYPE OF WARRANTY DID YOU AGREE TO?_____

B. HOW LONG OF A WARRANTY DID YOU RECEIVE?_____

C. ON WHAT FACTS DO YOU BASE YOUR COMPLAINT? PLEASE EXPLAIN IN DETAIL:

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D. WHAT SETTLEMENT ARE YOU SEEKING?_____

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THIS COMPLAINT MUST BE COMPLETED AND COPIES OF ALL SUPPORTING DOCUMENTS ATTACHED. SUCH AS COPY OF BILL-OF-SALE, PURCHASE ORDER AGREEMENT, SAFETY REJECTION SLIP (IF UNABLE TO PASS INSPECTION), REPAIR RECEIPTS, COPY OF WARRANTY OR GUARANTEES.

IF YOU SUSPECT THAT THIS MAY BE A FRAUDULENT OR OTHERWISE ILLEGAL TRANSACTION, IT IS ADVISED THAT YOU CONTACT YOUR LOCAL POLICE DEPARTMENT, STATE POLICE, OR F.B.I. OFFICE REGARDING THIS MATTER.

(YOU MAY USE ADDITIONAL PAGES TO EXPLAIN YOUR ANSWERS).

_____

COMPLAINANT'S SIGNATURE

DATE:_____