COMPLAINT FORM
STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue, Cranston, RI 02920-3024
www.dmv.ri.gov

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: ____________________________________________________________________________________________

(NAME ON BILL OF SALE)

ADDRESS: __________________________________________________________________________________________________________

NO. STREET   CITY/TOWN   STATE    ZIP CODE

HOME TELEPHONE#: __________________________ BUSINESS TELEPHONE#: __________________________________________

YOUR DRIVERS’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:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________
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:

D. WHAT SETTLEMENT ARE YOU SEEKING?

E. EXPIRATION DATE OF RHODE ISLAND INSPECTION STICKER: ________________

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 ANSWER)

*VERY IMPORTANT: COMPLAINANT MUST CONTACT THIS OFFICE AFTER 15 DAYS OF FILING THE COMPLAINT

_______________________________________________
COMPLAINANT’S SIGNATURE

DATE: ______________________________________