

AUTOMOTIVE COMPLAINT FORM

JACK CONWAY
ATTORNEY GENERAL



RETURN TO:
Office of Attorney General
Consumer Protection Division
1024 Capital Center Drive
Frankfort, KY 40601
Hotline: 1-888-432-9257
Fax: 502-573-7151
www.ag.ky.gov/cp

TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.

YOUR NAME: Mr. Ms. Mrs. _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____
HOME PHONE _____ WORK/CELL PHONE _____
EMAIL _____

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NO. _____
NAME AND TITLE OF PERSON WITH WHOM YOU DEALT _____

Please fill in this section completely.

MAKE/MODEL OF VEHICLE _____ YEAR _____ DATE PURCHASED _____
VEHICLE IDENTIFICATION NUMBER _____ LICENSE NUMBER _____
VEHICLE WAS PURCHASED AS: NEW USED DEMO VEHICLE WAS LEASED
MILEAGE WHEN PURCHASED: _____ MILEAGE ON AUTO TODAY _____
TOTAL COST OF VEHICLE — \$ _____ AMOUNT PAID DOWN — \$ _____
NAME OF WARRANTY _____
TYPE OF WARRANTY: NEW CAR USED CAR EXTENDED AS IS
DID YOU COMPLAIN TO THE DEALER OR MANUFACTURER? YES* NO
*IF YES, TO WHOM _____ DATE _____
HAVE YOU APPLIED FOR ARBITRATION YET? YES* NO
*IF YES, WHAT DECISION WAS MADE? _____

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? _____
WHAT ACTION WAS TAKEN? _____
HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? YES NO
HAVE YOU STARTED COURT ACTION? YES NO IF YES, TYPE? _____

