AUTOMOTIVE COMPLAINT FORM

JACK CONWAY
ATTORNEY GENERAL

RETURN TO:
Office of Attorney General
Consumer Protection Division
310 Whittington Parkway, Suite 101
Louisville, KY 40222
(502) 429-7134–Louisville Office
Toll Free Hotline Number: 1-888-432-9257
Fax: (502) 429-7129
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? _____

*Below, briefly state the facts of your complaint (**if necessary, use additional paper**). Please attach **copies** of any papers involved (order blanks, warranties, credit card receipts or statements, contracts, advertisements, canceled checks, etc.). The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky's Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act.*

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? _____

The above information is true and accurate to the best of my knowledge.

TODAY'S DATE _____ **YOUR SIGNATURE** _____

OPTIONAL– COMPLETION OF THIS SECTION IS VOLUNTARY

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: ❑ 0 -15 ❑ 16-25 ❑ 26-39 ❑ 40-59 ❑ 60-75 ❑ 76-over

The Office of the Attorney General does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of service and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities