Dear Kentucky Consumer:

The Office of the Attorney General works with consumers and businesses to address marketplace concerns.

The mediation services provided by the Attorney General’s Office under the Consumer Protection Act assist consumers with problems, complaints, and disagreements over goods or services in the marketplace. Many complaints against businesses are resolved upon notice of the problem to the business by this office.

During our office’s preliminary review of your complaint, if your problem is determined to be outside our office’s jurisdiction, we will return your inquiry and refer you as efficiently as possible to the governmental agency you should contact for assistance. Should your problem be determined appropriate for mediation, we would initiate contact with the company you have indicated in your complaint and request a written response from the company within 30 days. We would then provide you with a copy of the company’s response and work with you to determine if further steps are appropriate. **Should you submit a consumer complaint form and mediation ultimately be explored with the business, please keep in mind that it could take 30-40 days before we can provide you with an update.**

Our office cannot act as a private attorney for any consumer’s complaint. If you are in need of immediate legal action, please contact a private attorney, and/or consider Small Claims Court if your disputed claim is less than $2,500.00 total. If you do not have a private attorney and are not sure where to begin, please consider utilizing one of the Kentucky Bar Association’s lawyer referral programs for guidance. Information for the regional lawyer referral programs can be found at: [https://www.kybar.org/page/lawreferserv](https://www.kybar.org/page/lawreferserv).

Thank you.
# AUTOMOTIVE COMPLAINT FORM

RETURN TO:
Office of the Attorney General
Office of Senior Protection and Mediation
1024 Capital Center Drive • Frankfort, KY 40601
Hotline: 1-888-432-9257 • FAX: 502-573-7151
www.ag.ky.gov

NAME ____________________________________________

ADDRESS ____________________________________________

CITY ___________________ STATE ______ Zip Code ______ County ______

HOME PHONE ___________________ WORK/CELL PHONE _________________

EMAIL ADDRESS ____________________________________________


PLEAS NOTE WE ARE UNABLE TO OFFER MEDIATION SERVICES WITHOUT COMPLETE INFORMATION IN THIS SECTION.

COMPANY YOUR COMPLAINT IS AGAINST? ____________________________________________

ADDRESS ____________________________________________

CITY ___________________ STATE ______ Zip ______

COUNTY ___________________ Phone ___________________

NAME AND TITLE OF PERSON YOU HAVE WORKED WITH? ____________________________________________

Please fill in this section completely.

MAKE/MODEL OF VEHICLE ___________________ YEAR _______ PURCHASE DATE ________

VEHICLE IDENTIFICATION NUMBER (VIN) ________________________________________________________

LICENSE NUMBER ____________________________________________

VEHICLE WAS PURCHASED AS   ☐ NEW   ☐ USED   ☐ DEMO   ☐ VEHICLE WAS LEASED

MILEAGE WHEN VEHICLE WAS PURCHASED? ____________________________________________

MILEAGE ON VEHICLE 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   ☐ DEALER, IF SO WHO? ____________________________________________

☐ MANUFACTURER, IF SO WHO? ____________________________________________

HAVE YOU APPLIED FOR ARBITRATION? ☐ YES ☐ NO  IF YES, WHAT DECISION WAS MADE? ____________________________________________

WHAT OTHER AGENCIES HAVE YOU FILED A COMPLAINT WITH? ____________________________________________

ACTION TAKEN? ____________________________________________

HAVE YOU RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO  HAVE YOU STARTED COURT ACTION? ☐ YES ☐ NO  IF YES, TYPE? ____________________________________________

If you have retained a private attorney or this matter is pending before or has been decided in the courts, our office will be unable to offer mediation services.
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?

☐ I authorize that the information submitted on this consumer mediation complaint form is true and accurate to the best of my knowledge.

**AUTHORIZATION TO RELEASE INFORMATION**

The undersigned has submitted a consumer complaint and is currently working with the Kentucky Office of the Attorney General through the mediation process and hereby authorizes the company listed below (and its employees) to speak with and discuss my account/loan/mortgage on my behalf with the Kentucky Office of the Attorney General. The parties listed are each authorized to share with the other any and all information concerning my account, including but not limited to, financial information, without further authorization and until this matter is closed by the Office of the Attorney General or the Authorization is revoked.

Name of Company/Agency Authorized to Release Information

Account/Loan Number

Email address

Signature Date

**OPTIONAL–COMPLETION OF THIS SECTION IS VOLUNTARY**


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.