COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

ANDY BESHEAR
ATTORNEY GENERAL

1024 CAPITAL CENTER DRIVE
SUITE 200
FRANKFORT, KENTUCKY 40601

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.

Thank you.

SCAMALERTS- Text KYOAG Scam to GOV 311 (468311) to be alerted when scammers are on the attack or visit www.ag.ky.gov.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

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

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

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____

Address _____

City _____ State _____ Zip Code _____ County _____

Home phone _____ Work/Cell Phone _____

Email Address _____

PLEASE 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 Take? _____

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

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.