



State of Alaska

Office of the Attorney General
 1031 W. 4th Ave., Suite 200
 Anchorage, AK 99501-5903

<http://www.law.alaska.gov/consumer>

Comp. # _____

Office Use Only

I.C.: _____
 Prac. Code: _____
 Analyst: _____
 Disp. Code: _____

MOTOR VEHICLE COMPLAINT

1. Please be sure to complain to the company or individual before filing this complaint with the Attorney General.
2. Please complete entire form and type or print clearly in dark ink. We cannot process incomplete forms.
3. All questions must be answered in the space provided; do not use "see attached" as an answer.
4. Attach copies (not originals) of documents relating to your complaint.
5. Mail the completed form to the above address, and keep a copy for your files.

CONSUMER INFORMATION		BUSINESS INFORMATION	
Name: (First) (Last) Age: _____ Mr. Mrs. Ms. <input type="radio"/> <input type="radio"/> <input type="radio"/>		Business or Organization Your Complaint is Against:	
Address: _____ Apt. #: _____		Address: _____	
City, State, Zip _____		City, State, Zip _____	
Work #: _____ Home #: _____	Phone #: _____		Email address: _____
Email address: _____			
Description of Vehicle			
Make: _____ Model: _____		Contact Person: _____	
Year: _____ <input type="radio"/> New <input type="radio"/> Used		Website Address: _____	
ACTION YOU HAVE TAKEN			
Please attach copies of all correspondence between you and the company regarding your complaint.			
Date of response: _____			
Nature of response to your complaint: _____			
Have you retained an attorney regarding this complaint? <input type="radio"/> Yes <input type="radio"/> No			
If so, please state name, address, and phone number of your attorney: _____			
Has legal action been taken by you or against you with regard to this complaint? <input type="radio"/> Yes <input type="radio"/> No			
If so, please describe the current status of any legal action: _____			
RESOLUTION SOUGHT			
What would you consider a satisfactory / fair resolution to this matter?			
<input type="radio"/> Refund <input type="radio"/> Product Delivery <input type="radio"/> Service Performed <input type="radio"/> Other (explain) _____			
If you are seeking a refund, please state the amount: \$ _____			
<input type="checkbox"/> I am not seeking a resolution to this matter, but am filing a complaint for reporting purposes only.			
IF YOUR COMPLAINT DOES NOT INVOLVE A VEHICLE PURCHASE, PLEASE GO TO SECTION C.			

A. NEW MOTOR VEHICLE PURCHASE TRANSACTION

Complete this section **only** if your complaint involves a purchase of a **new** vehicle. If your complaint involves a **used** vehicle, please go to Section B.

1. Date of *new* motor vehicle purchase _____ Attach copies of all purchase documents.
2. If any of the components of the vehicle are in need of repair or adjustment, how soon after the purchase did any of the vehicle components need repair or adjusting?

3. Have you gone back to the dealer for repairs or adjustments? Yes No
4. How many times have you gone back to the dealer for repairs or adjustments on this vehicle? _____
Specify dates in Section D and attach invoices
5. Did the vehicle come with a warranty? Yes No If yes, please attach a copy of the warranty.
6. Have you given written notice by certified mail to the manufacturer and its dealer or repairing agent as to the problem with this vehicle?
 Yes No If yes, attach copies of correspondence and certified mailing receipts.
7. Can this vehicle be operated even though it is in need of repair? Yes No
8. Do you feel the vehicle is unsafe to operate? Yes No If yes, describe in Section D.

B. USED MOTOR VEHICLE PURCHASE TRANSACTION

Complete this section **only** if your complaint involves the purchase of a **used** vehicle.

1. Date of *used* motor vehicle purchase _____ Please attach copies of all purchase documents.
2. Were any representations made regarding the condition of the vehicle? Yes No
If yes, what were they, and who made those representations?

3. Were you provided with a copy of the inspection the dealership performed on this vehicle? Yes No
If yes, please attach a copy.
4. Were you told the history of the vehicle at the time of purchase? Yes No If yes, please attach a copy.
5. Were you shown **only** documents at the time of purchase relating to the repair or accident history of the vehicle?
 Yes No If yes, please attach a copy.
6. If any of the components of the vehicle are in need of repair or adjustment, how soon after purchase did any of the vehicle components need repair or adjusting?

7. Was the vehicle sold to you "as is"? Yes No
8. Did you purchase a service contract or warranty from the dealer? Yes No If yes, please attach a copy.
9. Did you take the car back to the dealer or authorized repair agent for repair under the service contract?
 Yes No If yes, when? _____
10. Did you receive a current IM certificate from the dealer for the vehicle when you purchased it? Yes No
11. Can this vehicle be operated even though it is in need of repair? Yes No
12. Do you feel the vehicle is unsafe to operate? Yes No If yes, describe in Section D.

C. MOTOR VEHICLE REPAIR TRANSACTION

Complete this section **only** if you complaint involves a **repair** to your vehicle.

1. Date you brought the vehicle to the repair shop. _____

2. Describe the specific reason you brought the vehicle to the repair shop.

3. Did you receive a written estimate of the parts and labor necessary to do the repair? Yes No
Estimated amount of the repair \$ _____ Please attach all estimates and repair orders.

4. Did you authorize, in writing or verbally, any *additional* repairs? Yes No
If yes, please describe

5. Did you receive a copy of a written estimate, with your authorization, detailing the costs of all parts and labor involved in the additional repair:

Yes, copy attached Yes, but I do not have a copy No, I did not receive an estimate

6. What was the actual cost of the repair? \$ _____ Copy of invoice attached

7. Was any unnecessary or unauthorized work performed? Yes (describe) No Unknown
If yes, please describe

8. Were you charged for any unnecessary or unauthorized work, or for work which was not performed?

Yes No

If yes, please describe

9. At the repair shop, did you see a sign posted notifying you that you are entitled to a price estimate for the repairs you authorize and that, upon request, used parts removed from your car would be returned to you?

Yes No Unknown

10. Before the repairs were made, did you request that any replaced parts be returned to you?

Yes No If yes, did you receive the replaced parts? Yes No

11. Were the repairs guaranteed? Yes No

If yes, attach copies of the guarantees, invoice and all repair orders.

12. Did you go to another facility to have the problem corrected? Yes No

If yes, attach the invoice and give the following information about the facility:

Business Name _____ Phone # _____

Address _____ Contact _____

13. Does the repair shop still have your vehicle? Yes No

If yes, please explain

D. DESCRIPTION OF TRANSACTION OR EVENT

Please provide a brief description of your transaction/complaint.

Who referred you to this office?

READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this complaint, I understand the following:

1. The Attorney General is not my private attorney, but represents the public interest in enforcing consumer protection laws.
2. The Attorney General cannot provide legal advice to me. If I have any questions concerning my legal rights or responsibilities, including the time limits within which I may file any private legal action, I should contact a private attorney.
3. I am submitting this information to alert the Attorney General about a practice that I believe is illegal. I understand that the Attorney General may not take any action on this complaint. Any investigation conducted by the Attorney General's office is considered confidential and the records of any investigation are confidential and not available to the public or myself.
4. The Attorney General may use this information in legal proceedings to establish violations of Alaska law.
5. I authorize the Attorney General to send this complaint to the business or organization named in this complaint, or to other appropriate agencies.
6. I certify that the information given in this complaint is true and correct to the best of my knowledge.

Your signature (Required) _____ Date _____