

COMPLAINT REPORT

Division of Vehicle Safety

FOR OFFICE USE ONLY

Facility Number	
C.O. Case Number	
CSR	
Region	County
R.O. Case Number	

INSTRUCTIONS: (Before you file your complaint, please try to settle this matter with the facility.)

Check the appropriate box to show the type of complaint involved.

- Vehicle repair Vehicle inspection Vehicle purchase

We can only accept complaints about repairs up to 90 days or 3,000 miles (whichever comes first) after the date repairs were completed. The only exception is a written warranty that may exceed these time and/or mileage limits.

PLEASE PRINT OR TYPE ALL ENTRIES AND USE BLACK INK

Your Name			Name of Facility		
Address - Number and Street			Address - Number and Street		
City	State	Zip Code	City	State	Zip Code
Telephone Number (Include area code) Home () Work ()			Telephone Number (Include area code) ()		
Your Email Address			Identification Number of Facility		
Vehicle Identification Number			Name of person with whom you dealt at facility		
Vehicle Year, Make, Model	Plate Number	Cylinders	Today's Date / /	Current odometer reading at time of filing the complaint	
Date of repair/inspection/purchase / /	Odometer reading at time of repair/inspection/purchase				

ANSWER QUESTIONS BELOW AND/OR ON PAGE 2 OF THIS FORM THAT APPLY TO YOUR COMPLAINT

A. Repair Complaint

- Describe the specific reason you brought the vehicle to the repair shop: _____

- Did you ask for a written estimate of the parts and labor necessary to do the repair? Yes No If Yes, attach a copy of the estimate.
- What was the actual cost of repair? \$ _____ (Attach invoice)
- Before the repair was performed, did you ask that any replaced part be returned to you? Yes No
If Yes, do you have the replaced parts? Yes No
- Did you authorize any additional repairs? Yes No Specify _____
- Were you charged for work not performed? Yes No Explain _____

- Was any unnecessary or unauthorized work performed? Yes No Specify _____

- Did you go to another facility to have the problem corrected? Yes* No
* If Yes, **attach invoice** and give us the following information about the facility:
Name _____ Facility ID No. _____
Street _____
City _____ State _____ Zip Code _____ Telephone No. () _____

B. Inspection Complaint

Your Name
Vehicle Identification Number

- 1. Did the inspection station refuse to inspect your vehicle? Yes No
- 2. Did the inspection station refuse to give you an appointment date in writing? Yes No
- 3. Were you told or led to believe that repairs necessary to pass inspection had to be made at the same station? Yes No
- 4. How much were you charged for the inspection? \$ _____
- 5. Inspection Certificate # _____ Expiration Date _____ / _____ / _____
- 6. Did you receive an inspection receipt? Yes No If Yes, attach a copy of the receipt.

C. Vehicle Purchase Complaint

Attach a copy of your Bill of Sale and/or Certificate of Sale.

- 1. Were any vehicle components in need of repair or adjustment? Yes No If Yes, which components? _____
- 2. Have you gone back to the dealer for repairs or adjustments? Yes No If No, would you go back if the dealer offered to make repairs or adjustments? Yes No
- 3. Was a Temporary Certificate of Registration issued? Yes No If Yes, what is the facility number written on the temporary registration? _____
- 4. Inspection Certificate # _____ Expiration Date _____ / _____ / _____

NOTE: If a repair or diagnosis of the vehicle was made, complete Section A on the front of this form.

D. If there is additional information that will help us to evaluate your complaint, please include this information below or use an additional sheet of paper.

E. What do you want done to resolve this complaint to your satisfaction?

Are you willing to appear and testify at a hearing if one is held to resolve this complaint? Yes No

Attach COPIES of any supporting correspondence and/or documents such as receipts, invoices, written estimates, written guarantees or warranties, cancelled checks or credit card transaction forms. Email is the preferred and most efficient method of communication.

Sign below and email or mail this complaint form with all necessary attachments to: **CSR@dmv.ny.gov** or **BUREAU OF CONSUMER & FACILITY SERVICES, PO BOX 2700-ESP, ALBANY NY 12220-0700. Phone: (518) 474-8943 Fax: (518) 486-4102**

I understand that a copy of this form and any or all of the enclosed information may be sent to the facility shown on the front of this form. By written or typed signature, I attest that all information provided in this complaint is true and factual to the best of my knowledge.

X

(Written or Typed Signature)

(Date)