



# Motor Vehicle Repair

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

### 1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### 2. What business is your complaint against?

Name of business or repair shop: \_\_\_\_\_

Address: \_\_\_\_\_ Ste.# \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

### Information about your complaint

3. Date of transaction: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

4. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

5. Type of vehicle involved: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
VIN#: \_\_\_\_\_

6. At the time of the repair, was the vehicle covered by a salvage certificate? Yes  No

7. How did you deliver your vehicle to the shop?  Drove it in  It was towed  It was towed and I was along

8. What repairs did you ask the shop to do? \_\_\_\_\_

9. Were instructions written on the original repair order? Yes  No

10. How did you first order repairs?  By telephone  In person, by speaking to shop representative  
 By written instructions  Other, explain \_\_\_\_\_

11. Did you receive a price estimate before the work was started? Yes  No

If yes: List amount of estimate \$ \_\_\_\_\_ Was it written on the original repair order? Yes  No

Did you sign the estimate section of the repair order? Yes  No

12. Did you receive a copy of the original repair order before repairs were started? (enclose copy if available) Yes  No

13. Were additional repairs performed? Yes  No

If yes: List the additional repairs: \_\_\_\_\_

Did the shop provide a new total estimate for all repairs? Yes  No

Did you approve the added repairs? Yes  No  If yes, how did you approve?  By phone  In person

**IMPORTANT: More questions on the back page (over)**

14. In your opinion, did the shop: Force you to pay for repairs that were done without your permission? ..... Yes  No   
Make repairs without permission? ..... Yes  No  Recommend repairs that were not needed? ... Yes  No   
Fail to return replaced parts upon request?.....Yes  No  Charge for repairs that were not made? ..... Yes  No   
Charge for repairs that were not needed?.....Yes  No  Refuse to honor a written guarantee? ..... Yes  No   
Did the shop provide a new total estimate for all repairs? ..... Yes  No

15. Was the final repair bill (excluding sales tax and towing) more than the amount you authorized? ..... Yes  No

16. List the amount of the final repair bill: \$ \_\_\_\_\_ (excluding sales tax and towing)

17. When repairs were finished, did you receive a final invoice itemizing the parts and labor? (*enclose copy*) ..... Yes  No

18. Did you contact the business about your complaint? (*circle one*) No Yes If yes, date? \_\_\_\_\_  
What happened? \_\_\_\_\_

19. Have you filed this complaint with another agency? (*circle one*) No Yes Agency name: \_\_\_\_\_  
What happened? \_\_\_\_\_

20. Have you contacted a private attorney? (*circle one*) Yes No

21. Have you started court action? (*circle one*) Yes No

22. Describe your complaint in detail. (Please provide two copies of any papers, including the invoices, contracts, proof of payment, warranties.) Attach additional sheets if necessary.

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23. How do you feel your complaint should be resolved? (*please be specific*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form and copies of your papers to:

BUREAU of CONSUMER PROTECTION  
2811 Agriculture Drive  
PO Box 8911  
Madison WI 53708-8911

EMAIL: DATCPHotline@wi.gov

WEBSITE: datcp.wi.gov

(800) 422-7128  
FAX: (608) 224-4677  
TDD: (608) 224-5058