# 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?

<table>
<thead>
<tr>
<th>Name: (Mr. Mrs. Miss Ms.)</th>
<th>(first)</th>
<th>(middle)</th>
<th>(last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: Home (  )</td>
<td>Work (  )</td>
<td>ext. _____</td>
<td>Cell (  )</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.#</th>
<th>PO Box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

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<tr>
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<th>Home</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Work</td>
<td>Cell</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

## 2. What business is your complaint against?

<table>
<thead>
<tr>
<th>Name of business or repair shop:</th>
<th>Ste.#</th>
<th>PO Box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of person you talked to:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: (  )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business email:</th>
<th>Business website:</th>
</tr>
</thead>
</table>

## Information about your complaint

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

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

5. Type of vehicle involved: Make: Model: Year:

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

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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? ______________________

19. Have you filed this complaint with another agency? (circle one) No Yes  Agency name: ______________________

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.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

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