



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 a copy 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*) _____

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the 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, Wis. Stat. § 19.31, this complaint will be available for public review upon request. The department will maintain the confidentiality of personally identifiable information to the extent permitted by law.

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