

**DEALER COMPLIANCE UNIT  
DEALER AND SPECIAL SALES DIVISION  
6400 EAST 30<sup>TH</sup> STREET  
INDIANAPOLIS, INDIANA 46219  
PHONE: 317-591-5303  
FAX: 317-591-5319**

**PLEASE TYPE OR PRINT CLEARLY—THIS FORM MUST BE SIGNED AND DATED**

**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mobile: (\_\_\_\_) \_\_\_\_\_  
County of Residence: \_\_\_\_\_

**RESPONDENT INFORMATION:** (My Compliant is against the following:)

Name: \_\_\_\_\_ Dealer: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Type of Service/Product: \_\_\_\_\_  
Date of Transaction, Sales, Incident or Services: \_\_\_\_\_  
Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

**TRANSACTION INFORMATION:** (If you did not engage in a transaction please skip ahead to "OTHER INFORMATION")

Name of Sales/Contact Person: \_\_\_\_\_  
Briefly describe Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

Have you filed a complaint with any other agencies: (if **YES**, please list)

\_\_\_\_\_  
\_\_\_\_\_

Have you contacted a private attorney on your behalf: **YES OR NO** (Circle One)

If so please list his/her name, address and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a lawsuit been filed against you or on your behalf: **YES OR NO** (Circle One)

Please use the second page of this document to describe **IN DETAIL**, the events of this transaction or other occurrences that led you to file this complaint. If there is insufficient space, please feel free to attach additional pages to complete your explanation. **IMPORTANT:** Please attach **COPIES** of any documents that you mention or any other materials that describe or illustrate the product or service.

I hereby certify that I have read the information in this compliant, including any additional pages, and that all information I have given is accurate and complete to the best of my knowledge and belief. I authorize the Dealer Compliance Unit to use the information in many manner deemed necessary. I further acknowledge that I \_\_\_\_\_ am willing, \_\_\_\_\_ not willing (PLEASE CHECK ONE), to appear in my behalf at an Administrative Hearing subsequent to this complaint and the investigation of said.

COMPLAINANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

◆-----◆  
Do not write below this line: (Bureau use only)

Date Received: \_\_\_\_\_ Assigned to: \_\_\_\_\_  
Response by?---Letter: \_\_\_\_\_ and/or Telephone: \_\_\_\_\_

*Note: If the nature of your complaint does not fall under our jurisdiction, it will be forwarded to the Indiana Attorney General's Office*

