COMPLAINT FORM



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

DEALERS' LICENSE AND REGULATIONS OFFICE 600 New London Avenue, Cranston, RI 02920-3024 Phone: 401-462-5746 Fax: 401-462-5789

www.dmv.ri.gov

OFFICIAL USE ONLY	
Date Received:	
Initials:	
Complaint #:	

I wish to file a complaint against a **Rhode Island** dealership, manufacturer, and/or distributor named below. I understand the Dealers' License and Regulations Office does not act as an attorney for an individual, but rather represents the State of Rhode Island in enforcing automobile laws falling under the jurisdiction of this office.

PLEASE PRINT OR TYP	PE			
Date:				
Complainant's Name: _ (NAME ON BILL OF SALE)				
Address:NUMBER & STR	REET	TOWN/CITY	STATE	ZIP CODE
Business #:	Home #: _	Ce	ellular #:	
Your Driver License #: _		E-mail:		
Name of Dealership:				
Address of Dealership:	NUMBER & STREET	TOWN/CITY	STATE	ZIP CODE
Dealership Telephone #			ion:	
Total Price Paid: \$		Salesperson/Age	ent:	
Vehicle Year:	_ Vehicle Make: _	Ve	ehicle Model:	
Odometer Reading at time of Sale:		Present Reading:		
f vehicle is registered,	what is your registr	ration plate #:		
Do you have a lien on tl	his vehicle? 🗌 YE	S ☐ NO If yes, with	whom:	
Have you contacted any	y other agencies?	☐ YES ☐ NO If yes	, list them on the	e following page

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Have you contacted a private attorney? YE	S NO If yes, state their name and address:
What type of warranty did you agree to?	
How long of a warranty did you receive?	
On what facts do you base your complaint? Pl	lease explain in detail:
YOU MAY USE ADDITIONAL PAGES TO EXPLAIN YOU	JR ANSWER – <u>Please do not write on back of form</u>
What settlement are you seeking?:	<u> </u>
Expiration date of Rhode Island inspection stic	cker:
	PIES OF ALL SUPPORTING DOCUMENTS ATTACHED, SUCH GREEMENT SAFETY REJECTION SLIP (IF UNABLE TO PASS RANTEES.
INCOMPLETE FORMS WILL NOT BE AC	CCEPTED AND SENT BACK FOR COMPLETION
	ENT OR OTHERWISE ILLEGAL TRANSACTION, IT IS ADVISED RTMENT, STATE POLICE, OR F.B.I. OFFICE REGARDING
IMPORTANT: COMPLAINANT MUST CONTACT COMPLAINT.	T THIS OFFICE AFTER 15 DAYS OF FILING THE
Complainant's Signature:	Date: