

VEHICLE COMPLAINT FORM

For complaints about: Motor Vehicles.

Registration number

Please contact the Dealer about your complaint before you complete this form.

Please note: Fair Car Deals is unable to intervene in matters where an order has been made in a Tribunal or a Court.

	Lodging Part	y Details		
Title	☐ Mr ☐ Mrs ☐ Miss ☐	Ms Dr D	Other	
* Name:	First Name*	Last Name*		
Address:	Address Line 1	•		
	Address Line 2			
	Address Line 3			
	Town / Suburb	State	Postcode*	
* Phone:				
	Daytime Phone*	Mobile		
Preferred Phone Contact Time:	8:30am - 10:30am			
Email:				
* = Answer required				
Vehicle Details				
Name	Registered Vehicle Owner			
Vehicle	Make			
details		Tv.		
Journa	Model	Year		
	Odometer reading			
	Date of purchase	Cost of Goods/Service	ces	

VIN / Chassis No.

	Complaint detai	Is
* What is your complaint about	Used vehicle purchas	e
	Consignment sale	Parts
Is your complaint in relation to a technical matter or contractual issue? For technical matters does the complaint relate to	Extended warranty	Quality of Vehicle
Or		
For contractual matters	Deposit	Refund
does the complaint relate to	Finance Agreement	Consignment Sale
Documents to attach to complaint	Contract/invoice	Proof of purchase
	Proof of payment	
* Have you lodged a previous complaint with	No	
Fair Trading regarding this matter?	Yes If Yes, what is	the Reference number?

* What is your complaint About? Please provide a brief outline of your dispute. Additional pages may be attached if required.			
To enable us to better assist you, we need the follow	ing information (answers to all these questions are required):		
Which age group are you in? (required)	□ <18 □ 18-24 □ 25-34 □ 35-44		
	□ 45-54 □ 55-64 □ >64		
	Prefer not to answer		
Are you of Aboriginal or Torres Strait			
Islander origin? (required)	□ No □ Yes, Aboriginal □ Yes, Torres Strait Islander		
	Yes, both Aboriginal and Torres Strait Islander		
	☐ Prefer not to answer		
Do you have a disability or additional support needs? (required)	Yes No Prefer not to answer		
Do you speak English as a second language? (required)	☐ Yes ☐ No ☐ Prefer not to answer		
Are you a carer/advocate making a complaint on behalf of someone else? (required)	☐ Yes ☐ No ☐ Prefer not to answer		
Were the products or services purchased through any of these funding schemes:	□ NDIS □ My Aged Care □ Not applicable		