



VEHICLE COMPLAINT FORM

For complaints about: **Motor Vehicles.**

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 Party Details		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> 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:	<input type="checkbox"/> 8:30am - 10:30am <input type="checkbox"/> 10:30am - 12:30pm <input type="checkbox"/> 12:30pm - 3:30pm <input type="checkbox"/> 3:30pm - 5:00pm <input type="checkbox"/> Anytime	
Email:		

* = Answer required

Vehicle Details	
Name	Registered Vehicle Owner
Vehicle details	Make
	Model Year
	Odometer reading
	Date of purchase Cost of Goods/Services
	Registration number VIN / Chassis No.

Complaint details

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

