



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 984-1122 (Office)
(609) 777-3769 (Fax)
mvcblsinvestigations@mvc.nj.gov

STATE OF NEW JERSEY

Business Licensing Services Customer Complaint Form

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

<p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Home Telephone Number: _____</p> <p>Cell Telephone Number: _____</p> <p>Work Telephone Number: _____</p> <p>Email Address: _____</p> <p><small>*Note: By providing your email-address, you agree to receive communication from this office by e-mail</small></p>	<p>Business Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>Date of Incident: _____</p> <p><small>**At a minimum, you must provide the business location or print the location of where the purchase or service transaction occurred.</small></p>
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1. Type of Business [Please check the appropriate box(es)]

- | | | |
|---|--|--|
| <input type="checkbox"/> Autobody Repair Facility | <input type="checkbox"/> BAIID Installer | <input type="checkbox"/> Dealership |
| <input type="checkbox"/> Driving School | <input type="checkbox"/> License Leasing Company | <input type="checkbox"/> Remedial Driver Education Program |
| <input type="checkbox"/> Window Tinting Company | <input type="checkbox"/> Other: Specify _____ | |

2. If your complaint involves the purchase of a motor vehicle, please provide the following information:

- a. New Vehicle Used Vehicle
- b. Purchased in Full Financed Leased
- c. Date of Purchase: _____ Current Mileage: _____
- d. Purchase Price: _____ With Warranty With Service Contract As Is
- e. Year: _____ Make: _____ Model: _____
- f. VIN#: _____

3. Name and Title of Employees you dealt with:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

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4. Describe the facts of your complaint in the order in which they happened. Use additional sheets of paper, if necessary. Attach readable copies (not originals) of any complaint-related documents, bills, receipts, correspondence, and/or any other documents provided to you by the business or related to your complaint.

Type or print your response clearly.

I certify that the foregoing statements made by me are true. I understand that if any of the statements made by me are willfully false, I am subject to administrative, civil or criminal penalty. I authorize the New Jersey Motor Vehicle Commission to investigate the information provided in any way necessary.

Signature of person completing this form

Date

**Note: You may fax (609) 341-3314 or email (mvcbinvestigations@mvc.nj.gov) your complaint.

Include the total number of pages:

Total # Pages: _____