

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 TYPE

Date: _____

Complainant's Name: _____
(NAME ON BILL OF SALE)

Address: _____
NUMBER & STREET TOWN/CITY STATE ZIP CODE

Business #: _____ Home #: _____ Cellular #: _____

Your Driver License #: _____ E-mail: _____

Name of Dealership: _____

Address of Dealership: _____
NUMBER & STREET TOWN/CITY STATE ZIP CODE

Dealership Telephone #: _____ Date of Transaction: _____

Total Price Paid: \$ _____ Salesperson/Agent: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Odometer Reading at time of Sale: _____ Present Reading: _____

If vehicle is registered, what is your registration plate #: _____

Do you have a lien on this vehicle? YES NO If yes, with whom: _____

Have you contacted any other agencies? YES NO If yes, list them on the following page:
