



Instructions to the Consumer:

Use this form to file a complaint against a NMEDA dealer. All information will be reviewed by the Mediation Committee in accordance with the Mediation Process document OPS-008 (available on request). Complete all sections that apply. Respond to all questions. Use additional pages or attachments if necessary and note the reference section on the attachment.

Complainant Information:

Full Name (printed/typed): _____
Date: _____
Address: _____
City, State/Province, Zip/Postal Code: _____
Phone No. _____ Fax No. _____
Email: _____

Dealer Information:

Year, Make and Model of Vehicle: _____
Vehicle ID Number (VIN): _____
Dealer/Company Name: _____
Address: _____
City, State/Province, Zip/Postal Code: _____
Phone No. _____
Contact Person: _____

Questions and Complaint Details:

- 1. List of equipment to be installed (use brand names if known):

- 2. Total cost of equipment to be installed (no need to itemize): _____
- 3. Date vehicle **FIRST** was sent to respondent company: _____
- 4. Date the work was first completed and returned to complainant _____
- 5. Funding source for modification: Private, Insurance, State Voc. Rehab or other?



6. Was complainant (you) formally evaluated or assessed by a Rehab facility prior to work commencing? Yes or No (**check box**)
7. Was complainant (you) instructed in the proper use of the equipment prior to, or at the time of delivery by respondent? Yes or No (**check box**)
8. How long after getting the vehicle back from respondent did problems occur.
What/Were/Are the nature of the problems? **Be Specific**

9. On how many occasions was respondent informed about problems with the vehicle?

10. Were your complaints ever presented to the respondent in writing?
Yes or No (**check box**)

11. Have you attempted to use the services of the funding source to intervene between you and the respondent? Yes or No (**check box**)

12. What has the response to your complaints been by the respondent? Give names, dates, and person contacted, if known:

13. Do you feel that the respondent has attempted in good faith to remedy the problems?
Yes or No (**check box**).

14. Do you feel they are capable of completing the repairs to your satisfaction?
Yes or No (**check box**)



15. Is there another facility where you would prefer to bring your vehicle for further repairs? Yes or No (**check box**).

What is the name and address of the facility?

16. Have you had an estimate made to complete repairs to the vehicle?

Yes or No (**check box**), If "Yes" please include _____

17. Are you willing to abide by the recommendations or decisions made by the Mediation Committee and/or the Executive Board of NMEDA to resolve your situation?

Yes or No (**check box**). If the answer is **No**, the Mediation Committee will be unable to accept your case.

Provide any additional comments or information that may be of assistance to the committee in arbitrating your situation

Please provide any documentation that you may have to support your allegations (e.g. digital photographs). You may fax this complaint form and any additional documentation to the Membership Coordinator at NMEDA Headquarters (813) 962-8970, email doris@nmeda.org or mail the information to NMEDA Headquarters, Attn: Membership Coordinator, 3327 W. Bearss Ave. - Tampa, Florida, 33618.

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