



Member-Member Mediation Complaint Form

Instructions:

Use this form to file a complaint against another NMEDA member/dealer. All information will be reviewed by the Mediation Committee in accordance with the Mediation Process document OPS-008 (available on request). Complete Section A for non-vehicle complaint (ethics, bylaws) or Section B for vehicle related complaints (workmanship, violations, etc.).

Preliminary Contact Date with Respondent: _____
Date Submitted to NMEDA: _____

Complainant Information:

Name: _____
Company Name: _____
Address: _____
City, State/Province, Zip/Postal Code: _____
Phone No. _____ Fax No. _____
Email: _____

Respondent Information:

Name: _____
Company Name: _____
Address: _____
City, State/Province, Zip/Postal Code: _____
Phone No. _____ Fax No. _____
Email: _____

Section A - Non-Vehicle Related Complaint Details:

Provide as much detailed information as possible. Cite references to member documents, policies, bylaws as necessary. A separate sheet may be attached in order to provide all relevant information. If this complaint is vehicle related, complete Section B.

[Large empty rectangular box for detailed complaint information]



Section B - Vehicle Related Complaint Details:

Year, Make and Model of Vehicle: _____
Vehicle ID Number (VIN): _____

What is the alleged violation? (Please be very specific, additional sheets may be used.):

On how many occasions have you noticed this alleged violation? _____
Have you discussed the alleged violation with the respondent? _____

If so, what has been the response to your complaints by the Respondent?
(Please be very specific. Attach written responses)

Please provide any additional information that may be of assistance to the Committee in determining the appropriate action to be taken:

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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