



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 984-1122 (Office)
(609) 341-3314 (Fax)
mvcblsinvestigations@mvc.nj.gov

STATE OF NEW JERSEY

Business Licensing Services Customer Complaint Form

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Telephone Number: _____
Cell Telephone Number: _____
Work Telephone Number: _____
E-Mail Address: _____
*Note: By providing your e-mail address, you agree to receive communication from this office by e-mail

Business Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _____

At a minimum, you must provide the business location or print the location of where the purchase transaction occurred:

1. **Nature of complaint** (Please check the appropriate box(es)):

- ☐ Auto Body Repair Facility ☐ Driving School ☐ Limousine Company
☐ BAIID Installer ☐ Inspection Facility ☐ Remedial Driver Education Program
☐ Dealership ☐ License Leasing Company ☐ Window Tinting Company
☐ Other: Specify _____

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

- a. ☐ New ☐ Used
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: _____

3. **Name and title of employees you dealt with:**

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

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, and 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 punishment. I authorize the New Jersey Motor Vehicle Commission to use the information provided to investigate the information provided in any way necessary.

Signature of person completing this form

Date

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

Include the total number of pages:

Total # Pages: _____