



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:

<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>E-Mail Address: _____</p> <p><small>*Note: By providing your e-mail 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>At a minimum, you must provide the business location or print the location of where the purchase transaction occurred:</p>
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1. **Nature of complaint** (Please check the appropriate box(es)):

- | | | |
|--|--|--|
| <input type="checkbox"/> Auto Body Repair Facility | <input type="checkbox"/> Driving School | <input type="checkbox"/> Limousine Company |
| <input type="checkbox"/> BAIID Installer | <input type="checkbox"/> Inspection Facility | <input type="checkbox"/> Remedial Driver Education Program |
| <input type="checkbox"/> Dealership | <input type="checkbox"/> License Leasing Company | <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 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: _____