

**COMPLAINT AGAINST CT LICENSED DEALER OR REPAIRER**

K-35 REV. 11-2021

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
 DEALERS AND REPAIRERS DIVISION  
 On The Web At ct.gov/dmv

CASE NUMBER

<b>DMV OFFICE USE ONLY</b>	DEALER LICENSE NUMBER	DEALER LOCATION NUMBER	
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**COMPLETE BELOW AND PRINT TWO COPIES AND SIGN BOTH, THEN, SEND ONE COPY TO THE DEALER OR REPAIRER. SEND THE OTHER COPY, PLUS COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT, TO THE DMV AT ADDRESS BELOW.**

TO: Department of Motor Vehicles, Consumer Complaint Center, 60 State Street, Wethersfield, CT 06161-2010

**\* IS REQUIRED FIELD**

<b>LICENSED DEALER OR REPAIRER INFORMATION</b>	BUSINESS NAME <i>(As Shown on Invoice)</i>	PERIOD VEHICLE IN CUSTODY OF BUSINESS (Dates)
	BUSINESS ADDRESS <i>(Number and Street)</i>	LICENSED DEALER OR REPAIRER PHONE NUMBER
	<i>(City or Town) (State) (Zip Code)</i>	PERSON DEALT WITH

<b>COMPLAINANT INFORMATION</b>	YOUR NAME	DATE OF SERVICE/SALE
	YOUR ADDRESS <i>(Number and Street) (City or Town) (State) (Zip Code)</i>	YOUR PHONE NUMBER, M-F 8 AM TO 4 PM *

<b>VEHICLE INFORMATION</b>	MAKE	MODEL	YEAR	MARKER PLATE NUMBER
	VEHICLE IDENTIFICATION NUMBER		CURRENT ODOMETER READING	ODOMETER READING AT TIME OF REPAIR OR SALE

YOUR E-MAIL ADDRESS

THE DEALER OR REPAIRER SHOULD BE GIVEN THE OPPORTUNITY TO RESOLVE THE COMPLAINT PRIOR TO ANY ACTION BY THE DMV. IF YOUR COMPLAINT IS RESOLVED AFTER SUBMISSION TO DMV, PLEASE MAIL A SIGNED AND DATED LETTER STATING SO.

TYPE OF COMPLAINT

- MOTOR VEHICLE SALES     TOWING / STORAGE     OTHER:

Please type a brief description of your complaint below:



**IMPORTANT INFORMATION:**

- All complaints must be submitted by mail to the address below.
- Include readable copies of ALL sale or repair documents
- Incomplete complaints will not be investigated.

**Please note that the DMV does not investigate complaints related to improper or negligent repairs, misdiagnosis, poor quality parts, paint or cosmetic work.**

**The above are all civil matters that consumers can pursue in civil court.**

I am filing a complaint against the business named above. I am requesting that the Department of Motor Vehicles assist me in resolving my problem to the extent provided by law. I have sent the second copy to the Dealer/Repairer.

SIGNATURE OF COMPLAINANT	DATE SIGNED
X	

ANY ALLEGATION MADE MUST INCLUDE COPIES OF ALL DOCUMENTS RELATED TO YOUR COMPLAINT: SALES PURCHASE ORDERS, INVOICES, FEDERAL ODOMETER STATEMENTS, REPAIR ORDERS, ESTIMATES, AUTHORIZATIONS, STATEMENTS FROM REPAIR SHOPS/DEALERS, ETC.

Send One Copy to CT DMV    Send other Copy to the Dealer or Repairer