

COMPLAINT AGAINST CT LICENSED DEALER OR REPAIRER

K-35 REV. 12-2022

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

CASE NUMBER

DMV OFFICE USE ONLY	DEALER LICENSE NUMBER	DEALER LOCATION NUMBER
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Mail your completed K-35 application, signed and dated by you, with legible copies of all related documents to the following:
Department of Motor Vehicles, Consumer Complaint Center, 60 State St. Wethersfield, CT 06161-2010

Copies of documents can include a sales purchase order, invoice, federal odometer statement, repair order, estimate, any authorization, statement from business, ect.

LICENSED DEALER OR REPAIRER INFORMATION	BUSINESS NAME (As Shown on Invoice)		PERIOD VEHICLE IN CUSTODY OF BUSINESS (Dates)	
	BUSINESS ADDRESS (Number and Street) (City or Town) (State) (Zip Code)		LICENSED DEALER OR REPAIRER PHONE NUMBER	
COMPLAINANT INFORMATION	YOUR NAME			DATE OF SERVICE/SALE
	YOUR ADDRESS (Number and Street) (City or Town) (State) (Zip Code)			YOUR PHONE NUMBER, M-F 8 AM TO 4 PM *
VEHICLE INFORMATION	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 NOTIFYING 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

Send to CT DMV at above address