

STATE OF MAINE
BUREAU OF MOTOR VEHICLES
Office of Investigation
David W. Guilmette, Director

Date Sent _____

COMPLAINT PETITION

THE PERSON COMPLAINING IS:

Your Name _____ Date of Birth: _____

Address _____

Home Phone _____ Work Phone _____ Ext. _____

THE COMPLAINT IS AGAINST:

Company / Person _____

Address _____

Business Phone _____ Person(s) Dealt with _____

VEHICLE INFORMATION

Make _____ Year _____ Color _____ Model _____ Title Application CTA# _____

Identification # _____ Current Mileage _____

Date of Purchase _____ Mileage at time of purchase _____ Cost _____

Paid by: Cash _____ Check _____ Loan _____ Other _____

Where did you first view the vehicle? _____

Did the vehicle have a current inspection Sticker? _____ Yes _____ No, _____ Expiration Date _____

Inspection Sticker # _____

Did the vehicle have a used car buyer's guide displayed? _____ Yes _____ No

Have you hired a lawyer? _____ Name & Address _____

Have you brought suit? _____ In what court? _____

On the back of this form briefly state the facts of your complaint.

Please describe the problem including all dates and any claims made or implied about the product or service and the remedy you would prefer. Please provide copies of all paperwork pertaining to the sale of this vehicle, i.e.: bill of sale,

