



New Jersey Motor Vehicle Commission  
 Business Licensing Services Bureau  
 P.O. Box 170  
 Trenton, NJ 08666-0170  
 (609) 984-1122 (Office)  
 (609) 777-3769 (Fax)  
 mvcbisinvestigations@mvc.nj.gov



## 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>Email Address: _____</p> <p><small>*Note: By providing your email-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>Date of Incident: _____</p> <p><small>**At a minimum, you must provide the business location or print the location of where the purchase or service transaction occurred.</small></p>
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1. Type of Business [Please check the appropriate box(es)]

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Autobody Repair Facility | <input type="checkbox"/> BAIID Installer         | <input type="checkbox"/> Dealership                        |
| <input type="checkbox"/> Driving School           | <input type="checkbox"/> License Leasing Company | <input type="checkbox"/> Remedial Driver Education Program |
| <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 Vehicle                       Used Vehicle
- 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: \_\_\_\_\_
- f. VIN#: \_\_\_\_\_

3. Name and Title of Employees you dealt with:

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

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 New Jersey is an Equal Opportunity Employer

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, 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 administrative, civil or criminal penalty. I authorize the New Jersey Motor Vehicle Commission to investigate the information provided in any way necessary.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

\*\*Note: You may fax (609) 341-3314 or email ([mvcbinvestigations@mvc.nj.gov](mailto:mvcbinvestigations@mvc.nj.gov)) your complaint.

Include the total number of pages:

Total # Pages: \_\_\_\_\_