

Customer Claim Form

FOR CDSP USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

☐ Mr. ☐ Mrs. ☐ Ms. First name: _____ MI: _____ Last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Fax: (____) _____

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____

Is this a leased vehicle?: Yes ☐ No ☐ Delivery date: ____/____/____

If YES, lessor's name and address: _____

Make: _____ Model: _____ Year: _____ Current mileage: _____

Vehicle Identification Number: _____

Selling dealer and address: _____

Dominant servicing dealer: _____

VEHICLE PROBLEM(S) (Attach legible copies of applicable repair orders or other documents that support your complaint)

Problem	List dealer(s) which have repaired or attempted repair (include city and state)	List the date, mileage, and repair order number for each repair attempt	Does the problem currently exist?
Example: A/C won't cool properly	Autoworld Inc. Anytown, VA	4/23/07 3,500 miles #B73540	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the vehicle been involved in an accident? Yes ☐ No ☐

If YES, give date of accident: _____ Specify damaged area: _____

Resolution sought: _____

Return all copies of this form to:
California Dispute Settlement Program
P.O. Box 688
Mount Clemens, MI 48046

SIGNATURE(S)

DATE