

REP # _____

AUTOCAP
Automotive Consumer Action Program

AUTOCAP WASHINGTON AREA NEW AUTOMOBILE
DEALERS ASSOCIATION
(WANADA)
5301 Wisconsin Ave. N. W. Suite 210
Washington, D. C. 20015
Telephone: (202) 238-7200 FAX (202) 237-9090

Summary of Consumer Complaint:

NOTE: Before filling out this form . . . Have you given the dealer an opportunity to respond to your problem? If not, we suggest that you contact the appropriate departmental manager for assistance. You may find the matter can be resolved without a third party.

Please print clearly or type. As we are particularly interested in the current status of your problem, please be brief and to the point, leaving out any irrelevant history. Do not make any reference to anyone's honesty or integrity, as a copy of this statement will be sent to the company(s) involved.

NAME: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE NUMBERS: (HOME) _____ (WORK) _____

DEALERSHIP INVOLVED: _____

LOCATION: _____

PHONE # OF DEALERSHIP (IF KNOWN): _____

DEALER'S REPRESENTATIVE(S) INVOLVED (IF KNOWN): _____

MAKE OF CAR: _____ MODEL: _____ YEAR: _____

VEHICLE IDENTIFICATION NUMBER (V.I.N.): _____

PURCHASED FROM: _____ NEW _____ USED _____ DEMO _____

PURCHASE DATE: _____ CURRENT MILEAGE: _____

IS MANUFACTURER INVOLVED? _____ WHEN CONTACTED: _____

MANUFACTURER'S REPRESENTATIVE(S) INVOLVED: _____

ARE ANY OTHER AGENCIES INVOLVED? WHICH ONE(S)? _____

WHERE DID YOU HEAR ABOUT AUTOCAP? _____
