



# VEHICLE COMPLAINT FORM

For complaints about: **Motor Vehicles, Motor Cycles, Boats, Caravans/Trailers. Sales, Parts or Repairs**

**Please contact the Dealer or Repairer about your complaint before you complete this form.**

**Please note:** that NSW Fair Trading is unable to intervene in matters where an order has been made in a Tribunal or a Court.

Lodging Party Details			
<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		
<b>* Name:</b>	First Name*		Last Name*
<b>Address:</b>	Address Line 1		
	Address Line 2		
	Address Line 3		
	Town / Suburb		State                      Postcode*
<b>* Phone:</b>	Daytime Phone*		Mobile
<b>Preferred Phone Contact Time:</b>	<input type="checkbox"/> 8:30am – 10:30am <input type="checkbox"/> 10:30am – 12:30pm <input type="checkbox"/> 12:30pm – 3:30pm <input type="checkbox"/> 3:30pm – 5:00pm <input type="checkbox"/> Anytime		
<b>Email:</b>			

\* = Answer required

Vehicle Details		
<b>Name</b>	Registered Vehicle Owner	
<b>Vehicle details</b>	Make	
	Model	Year
	Odometer reading	
	Date of purchase	Cost of Goods/Services
	Registration number	VIN / Chassis No.
	<input type="checkbox"/> Private Use <input type="checkbox"/> Business Use	
<b>Type of Vehicle</b>	<input type="checkbox"/> Passenger vehicle <input type="checkbox"/> Commercial <input type="checkbox"/> Motor cycle <input type="checkbox"/> Boat <input type="checkbox"/> Caravan <input type="checkbox"/> Trailer <input type="checkbox"/> Other	

## Trader details

<b>* Business Name :</b>			
<b>Contact Name:</b>	First Name	Last Name	
<b>ABN/ACN:</b>			
<b>Address:</b>	Address Line 1		
	Address Line 2		
	Town / Suburb		
	Daytime Phone	State	Postcode*
<b>Phone:</b>		Mobile	
<b>Licence No:</b>			
<b>Email:</b>			
<b>Website:</b>			

## Complaint details

<b>* Who is your complaint with?</b>	<input type="checkbox"/> Dealer <input type="checkbox"/> Repairer <input type="checkbox"/> Warranty Company
<b>* What is your complaint about</b>	<input type="checkbox"/> New vehicle purchase <input type="checkbox"/> Used vehicle purchase <input type="checkbox"/> Consignment sale <input type="checkbox"/> Repair <input type="checkbox"/> Parts
<small>Is your complaint in relation to a technical matter or contractual issue?</small> <b>For <span style="color: red;">technical</span> matters does the complaint relate to</b>  <b>Or</b> <b>For <span style="color: red;">contractual</span> matters does the complaint relate to</b>	<input type="checkbox"/> Warranty issue <input type="checkbox"/> Extended warranty <input type="checkbox"/> Quality of Vehicle <input type="checkbox"/> Quality of Repairs  <input type="checkbox"/> Deposit <input type="checkbox"/> Refund <input type="checkbox"/> Finance Agreement <input type="checkbox"/> Consignment Sale
<b>Documents to attach to complaint</b>	<input type="checkbox"/> Contract/invoice <input type="checkbox"/> Proof of purchase <input type="checkbox"/> Dealer Notice <input type="checkbox"/> Proof of payment <input type="checkbox"/> Repair invoice
<b>* Have you lodged a claim with the NSW Civil and Administrative Tribunal (NCAT)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, what is your Reference number? _____
<b>* Have you lodged a previous complaint with Fair Trading regarding this matter?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, what is the Reference number? _____

## Complaint details (continued)

**\* What is your complaint About?**

*Please provide a brief outline of your dispute. Additional pages may be attached if required.*


<b>* Have you discussed your complaint with the trader?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what was their response?</b>	
<b>What outcome are you seeking?</b>	

**To enable us to better assist you, we need the following information (answers to all these questions are required):**

<b>Which age group are you in? (required)</b>	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> >64 <input type="checkbox"/> Prefer not to answer
<b>Are you of Aboriginal or Torres Strait Islander origin? (required)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer
<b>Do you have a disability or additional support needs? (required)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<b>Do you speak English as a second language? (required)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<b>Are you a carer/advocate making a complaint on behalf of someone else? (required)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<b>Were the products or services purchased through any of these funding schemes:</b>	<input type="checkbox"/> NDIS <input type="checkbox"/> My Aged Care <input type="checkbox"/> Not applicable

## Acknowledgement and Declarations

I declare that the information supplied by me is to the best of my knowledge, true and correct. I acknowledge that NSW Fair Trading may:

- Use information provided or later obtained to resolve, investigate or otherwise deal with the complaint, take enforcement action (if appropriate), and monitor the marketplace for investigative and law enforcement purposes; or
- Where more appropriate, refer the complaint and that information to the other party or another government agency, for the purpose of resolving the complaint.

<b>Signature:</b>	<b>Date:</b> /                    /
<b>Please attach documents relevant to your dispute</b>	
<p><b>This form must be lodged together with -</b></p> <ul style="list-style-type: none"> <li>■ <b>copy</b> of contracts or agreements signed</li> <li>■ <b>copies</b> of any correspondence between you and the other party</li> <li>■ <b>copies</b> of any invoices received, if applicable</li> <li>■ <b>copies</b> of any relevant mechanical reports and/or service records</li> <li>■ copies of any available evidence, eg, photos, reports, etc.</li> </ul> <p><b>to your nearest Fair Trading Centre. (see list below)</b></p> <p>Please <b>DO NOT</b> send <b>ORIGINAL</b> documents, if they are required Fair Trading will request them.</p>	

*NSW Fair Trading is always looking for ways to improve our customer experience. You may receive a survey after your matter is finalised inviting you to provide feedback on our services.*

<b>Albury</b> PO Box 1210 ALBURY NSW 2640	<b>Goulburn</b> PO Box 971 GOULBURN NSW 2580	<b>Queanbeyan</b> PO Box 1464 QUEANBEYAN NSW 2620
<b>Armidale</b> PO Box 641 ARMIDALE NSW 2350	<b>Grafton</b> PO Box 362 GRAFTON NSW 2460	<b>Tamworth</b> PO Box 1062 TAMWORTH NSW 2340
<b>Bathurst</b> PO Box 22 BATHURST NSW 2795	<b>Lismore</b> PO BOX 83 LISMORE NSW 2480	<b>Tweed Heads</b> PO Box 822 TWEED HEADS NSW 2485
<b>Broken Hill</b> PO Box 786 BROKEN HILL NSW 2880	<b>Newcastle</b> PO Box 2063 DANGAR (NEWCASTLE WEST) NSW 2309	<b>Wagga Wagga</b> PO Box 623 WAGGA WAGGA NSW 2650
<b>Coffs Harbour</b> PO Box 4089 COFFS HARBOUR JETTY NSW 2450	<b>Orange</b> PO Box 2285 ORANGE NSW 2800	<b>Wollongong</b> PO Box 5275 WOLLONGONG NSW 2520
<b>Dubbo</b> PO Box 584 DUBBO NSW 2830	<b>Parramatta</b> PO Box 972 PARRAMATTA NSW 2124	
<b>Gosford</b> Locked Bag 2906 CENTRAL COAST MC NSW 2252	<b>Port Macquarie</b> PO Box 1747 PORT MACQUARIE 2444	

### Need more help?

If you require more information, please contact 13 32 20 or visit the website [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au).

If you require help in another language please contact the Telephone Interpreter Service on 13 14 50.

Our TTY phone for the hearing impaired is (02) 9338 4943.