



AUTO DEALER SERVICES COMPLAINT

State Form 53607 (R4 / 10-15)

<p>INDIANA SECRETARY OF STATE AUTO DEALER SERVICES DIVISION 302 West Washington Street, Room E018 Indianapolis, IN 46204 E-mail: Dealers@sos.in.gov Fax: (317) 233-1915</p>
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- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
 2. Use the second page of this form to describe in detail the events of the transaction or occurrence that led to your complaint.
 3. Attach copies of any documents related to the transaction or occurrence.
 4. Submit the completed form and attachments to the Auto Dealer Services Division by mail, fax, or e-mail.

COMPLAINANT INFORMATION

Name of complainant			County of residence			
Address of complainant (number and street)		City		State	ZIP code	
Home telephone number ()		Work telephone number ()		Mobile telephone number ()		
Have you filed a complaint with another agency regarding this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list				
Have you contacted a private attorney on your behalf regarding this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of attorney		Attorney telephone number ()		
Address of attorney (number and street)			City		State	ZIP code
Has a lawsuit regarding this issue been filed on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list the cause number			

RESPONDENT INFORMATION (Who your complaint is against)

Name of respondent		Name of dealer, if applicable			
Address of respondent (number and street)		City		State	ZIP code
Telephone number ()		Date of transaction or occurrence (mm/dd/yyyy)			
Year of vehicle	Make of vehicle	Model of vehicle		Color of vehicle	
Vehicle identification number (VIN)			License plate number		

TRANSACTION INFORMATION (If you did not engage in a transaction, please skip this section.)

Name of salesperson or contact person	Date of transaction (mm/dd/yyyy)	Type of transaction
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WITNESS INFORMATION (If there were no witnesses, please skip this section.)

Name of witness	Telephone number for witness ()
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CERTIFICATION

I swear or affirm that the information I have entered on this form, including any additional attachments, is true and correct to the best of my knowledge and belief. I understand that making a false statement may constitute the crime of perjury. I authorize the Auto Dealer Services Division to use the information I have provided in any manner deemed necessary. I further acknowledge that I am willing am not willing to appear on my behalf at an administrative hearing related to this complaint and the investigation thereof.

Signature of complainant	Date signed (mm/dd/yyyy)
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EXPLANATION

A large rectangular area with a solid black border, containing numerous horizontal dashed lines for writing.