

**NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD
301 CENTENNIAL MALL SOUTH
PO BOX 94697
LINCOLN, NE 68509**

**Telephone: 402-471-2148
Fax: 402-471-4563**

**STATE OF NEBRASKA
CONSUMER COMPLAINT FORM**

Nebraska Revised State Statutes, Chapter 60, section 1411.02 states that the Board may, upon its own motion, and shall, upon a sworn complaint in writing of any person, investigate the actions of any person acting, registered, or licensed under Chapter 60, article 14, as a motor vehicle dealer, trailer dealer, motor vehicle or trailer salesperson, manufacturer, factory branch, distributor, factory representative, distributor representative, supplemental motor vehicle dealer, wrecker or salvage dealer, finance company, motorcycle dealer, or motor vehicle auction dealer or operating without a registration or license when such registration or license is required. **Upon your filling out this form and it being returned to this office, with the proper documentation, we will conduct an investigation under the provisions of the Motor Vehicle Industry Licensing Act.**

We expect that you have brought your complaint to the attention of the dealer or person involved. You may want to consult with a private attorney to determine your private legal rights and remedies in this matter.

COMPLAINT REPORTED BY	COMPLAINT REPORTED AGAINST
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Name(s)</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Street Address</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">City, State, Zip Code</p> <p>() _____ () _____ Work Phone No. Home Phone No.</p> <p>Hours: _____ Hours: _____ <small>(List the hours that you can be reached at the above phone numbers.)</small></p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Name of Dealer or Person</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Street Address</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">City, State, Zip Code</p> <p>() _____ Phone No.</p>

Nature of Complaint

PLEASE ENCLOSE COPIES OF ALL DOCUMENTS, TO INCLUDE: PURCHASE CONTRACT, ODOMETER STATEMENT, TITLE, ANY REPAIR OR WARRANTY TICKETS, ETC.

RETURN COMPLETED FORM AND COPIES OF ALL DOCUMENTS TO: MOTOR VEHICLE INDUSTRY LICENSING BOARD, NEBRASKA STATE OFFICE BUILDING, P.O. BOX 94697, LINCOLN, NE 68509.

Describe the facts that have led to the complaint and be sure to include, if possible, the exact dates of important events.

Please use black ink because this complaint will be photocopied. Write carefully and large. Use additional sheets of paper if necessary.

The information given above is true to the best of my knowledge and belief.

Signature

Date