

MOTOR VEHICLE REPAIR COMPLAINT CONT.

Please describe in detail exactly what happened:

(You may attach additional sheets)

Please answer the following questions:

1. Are you a Senior Citizen (age 60 or older)? Yes No
2. Are you a person with a disability? Yes No
(a person who suffers from a physical or mental impairment resulting from disease, injury, functional disorder or congenital condition that impairs the individual's mental or physical ability to independently manage his or her property or financial resources, or both)
3. Where is your vehicle currently: _____
4. The year and make of the vehicle: _____
5. Vehicle mileage at the time of repair: _____
6. Date the vehicle was taken in for repairs: _____
7. Was the vehicle driven or towed for repairs? _____
8. Did the shop give you an estimate? _____
9. Was the estimate written or verbal? _____
10. Did you approve the estimate? _____
11. Were you given a copy of the invoice? _____
12. Mileage after the repair? _____
13. Were the repairs completed? _____
14. Were any warranties provided? _____
 If yes, please list warranties: _____
15. Amount paid for repairs: \$ _____
16. Payment method: _____
17. Have you reported this matter to any other agency or private attorney? Yes No



READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is **true and accurate** to the best of my ability.

Signature

Date Submitted