



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Consumer Protection
 2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911
 Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058
 Email: DATCPHotline@wisconsin.gov Website: datcp.wi.gov

MOTOR VEHICLE REPAIR

Wisconsin Admin. Code ch. ATCP 132 contains administrative rules applicable to motor vehicle repair. Those rules were promulgated under authority of Wis. Stat. § 100.20(2). DATCP is responsible for administering and enforcing those laws. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24).

1. HOW DO WE CONTACT YOU?

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME PHONE () -	WORK PHONE () -		EXT.	CELL PHONE () -
Contact me between 8:00 A.M. and 4:00 P.M. at: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL				
ADDRESS STREET		APT. #	PO BOX	
CITY		STATE	ZIP	COUNTY

2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

NAME OF BUSINESS				
ADDRESS STREET		SUITE #	PO BOX	
CITY		STATE	ZIP	COUNTY
PHONE () -	NAME OF PERSON YOU TALKED TO			TITLE
BUSINESS EMAIL			BUSINESS WEBSITE	

INFORMATION ABOUT YOUR COMPLAINT

3. Date of transaction: Month _____ Day _____ Year _____				
4. Your age or age of person who spoke to business? Age: (Check one) <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-61 <input type="checkbox"/> 62 or older				
5. Type of vehicle involved: Make _____ Model _____ Year _____ VIN# _____				
6. At the time of the repair, was the vehicle covered by a salvage certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. How did you deliver your vehicle to the shop? <input type="checkbox"/> Drove it in <input type="checkbox"/> It was towed <input type="checkbox"/> It was towed and I was along				
8. What repairs did you ask the shop to do?				
9. Were instructions written on the original repair order? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. How did you first order repairs? <input type="checkbox"/> By telephone <input type="checkbox"/> By written instructions <input type="checkbox"/> In person, by speaking to shop representative <input type="checkbox"/> Other: explain _____				
11. Did you receive a price estimate before the work was started? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount of estimate \$ _____ Was it written on the original repair order? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you sign the estimate section of the repair order? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Did you receive a copy of the original repair order before repairs were started? (enclose copy if available) <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Were additional repairs performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the additional repairs _____ Did the shop provide a new total estimate for all repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you approve the added repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how did you approve? <input type="checkbox"/> By phone <input type="checkbox"/> In person				
14. In your opinion, did the shop: Force you to pay for repairs that were done without your permission? <input type="checkbox"/> Yes <input type="checkbox"/> No Make repairs without permission? <input type="checkbox"/> Yes <input type="checkbox"/> No Recommend repairs that were not needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Fail to return replaced parts upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge for repairs that were not made? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge for repairs that were not needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Refuse to honor a written guarantee? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Did the shop provide a new total estimate for all repairs? Yes No

15. Was the final repair bill (excluding sales tax and towing) more than the amount you authorized? Yes No

16. List the amount of the final repair bill (excluding sales tax and towing): \$

17. When repairs were finished, did you receive a final invoice itemizing the parts and labor? (enclose copy) Yes No

18. Did you contact the business about your complaint? Yes No

If yes, date?

What happened?

19. Have you filed this complaint with another agency? Yes No Agency name:

20. Have you contacted a private attorney? Yes No

21. Have you started court action? Yes No

22. Describe your complaint in detail. (Please provide a copy of any papers, including the invoices, contracts, proof of payment, warranties.) Attach additional sheets if necessary.

23. How do you feel your complaint should be resolved? (Please be specific)

How did you hear about us/find us? Presentation Newspaper/Radio/TV Referral (BBB, Legal Action, etc) Internet Other

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.

In compliance with *Wis. Stat. § 15.04(1)(m)*, the following notice is provided: This form is authorized by *Wis. Stat. § 93.07(2)*. Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, *Wis. Stat. §§ 19.31 to 19.37*, and therefore might be released in response to a public records request. In responding to a public records request, DATCP will maintain the confidentiality of personally identifiable information provided in this form to the extent permitted by law.

All the information that I have provided in this form is true and accurate to the best of my knowledge.

YOUR SIGNATURE

PRINT NAME

DATE

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

MAIL this form and copies of your papers to: OR EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:

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