

Compliance Complaint Form

Today's Date: _____ Date Received by NMEDA: _____

Complainant Information

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Respondent Information

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Alleged Violation Information

Year, Make and Model of Vehicle: _____

Vehicle ID Number: _____

What is the alleged violation? (Please be very specific.) _____

On how many occasions have you noticed this alleged violation? _____

Have you discussed the alleged violation with the respondent? _____

If so, what has been the response to your complaints by the Respondent?

(Please be very specific.) _____

Please provide any additional information that may be of assistance to the Committee in determining the appropriate action to be taken. _____

Please provide any documentation that you may have to support your allegations. You may fax this complaint form and any additional documentation to the QAP Coordinator at NMEDA Headquarters (813) 962-8970, or mail the information to NMEDA Headquarters, Attn: QAP Coordinator, 3327 W. Bearss Avenue, Tampa, FL 33618.