



State of Arkansas



ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

Mike Beebe Governor

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

Winford E. Phillips Director

USED MOTOR VEHICLE DEALER LICENSING SECTION
CONSUMER COMPLAINT

Please type or print with ink. A copy of this complaint will be sent to the party complained against.

Please Print

Form fields for personal and respondent information: Your Name, Complaint Respondent, Your Address, Address, City, State, Zip Code, Home or Work Telephone, Telephone, Email #, Did you sign a contract?, Date of Transaction, Name of salesperson, Have you contacted the company?, Is there court action pending?, Where?, Purchase amount, Your view as to a fair resolution of this matter.

Please explain the circumstances surrounding your complaint. Enclose copies (NOT ORIGINALS) of any contracts, sales slips, cancelled checks, advertisements, correspondence or related documents. (Attach additional sheets if necessary).

Blank lines for explaining the circumstances surrounding the complaint.

The information contained herein is true and accurate to the best of my knowledge. I understand that the Used Motor Vehicle Dealer Section Office does not represent individuals in private disputes. I am, however, filing this complaint to notify the Used Motor Vehicle Section of the activities of this party and for other assistance which may be rendered. I give my permission for this complaint to be referred to other agencies when appropriate.

I understand that under state law my complaint and related documents may be a matter of public record and subject to Freedom of information requests and viewing by persons other than staff at the Arkansas State Police and the person or business I am complaining about.

Date: _____ Signature of person filing complaint: _____