



# DEALER COMPLAINT

State Form 53607 (R3 / 6-12)

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**DEALER DIVISION**  
 302 W. Washington Street, Room E018  
 Indianapolis, Indiana 46204-2700  
 Telephone: (317) 234-7190  
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 www.sos.in.gov

- INSTRUCTIONS:**
1. Please type or print clearly. This form must be signed and dated.
  2. Please use the second page of this form to describe in detail the events of the transaction or other occurrences that led you to file this complaint. If there is insufficient space, please attach additional pages to complete your explanation.
  3. Please attach copies of any documents that you received in relation to the transaction.

COMPLAINANT INFORMATION		
Name of complainant		County of residence
Address of complainant (number and street, city, state, and ZIP code)		E-mail address
Home telephone number (      )	Work telephone number (      )	Mobile telephone number (      )

RESPONDENT INFORMATION (My complaint is against the following:)		
Name of respondent		
Dealer		
Address (number and street, city, state, and ZIP code)		
Telephone number (      )	County of residence	Date of transaction, sale, incident, or service (month, day, year)
Type of business	Type of service / product	
Year of vehicle	Make of vehicle	Model of vehicle
Vehicle identification number (VIN)	License plate number	

TRANSACTION INFORMATION (If you did not engage in a transaction, please skip ahead to Other Information.)
Name of sales / contact person
Briefly describe the nature of your complaint.
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OTHER INFORMATION		
Have you filed a complaint with other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list.	
Have you contacted a private attorney on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of attorney	Telephone number (      )
Address of attorney (number and street, city, state, and ZIP code)		
Has a lawsuit been filed against you or on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATION	
I hereby certify that I have read the information in this complaint, including any additional pages, and that all of the information I have given is accurate and complete to the best of my knowledge and belief. I authorize the Dealer Compliance Unit to use the information in any manner deemed necessary. I further acknowledge that I <input type="checkbox"/> am willing <input type="checkbox"/> am not willing to appear on my behalf at an administrative hearing subsequent to this complaint and the investigation thereof.	
Signature of complainant	Date (month, day, year)

FOR SOS USE ONLY			
Date received (month, day, year)	Assigned to	Response by <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	Date of response (month, day, year)

EXPLANATION

A large rectangular area with a solid black header at the top containing the word "EXPLANATION". Below the header, the page is filled with horizontal dashed lines, providing a template for writing an explanation.