



**NEW MOTOR VEHICLE BOARD**

**Consumer Mediation Services Program**

1507 - 21st Street, Suite 330  
 Sacramento, California 95811  
 (916) 445-1888 (916) 323-1631 Fax  
 E-Mail: nmvbmediation@nmvb.ca.gov  
 Website: nmvb.ca.gov

**MEDIATION REQUEST FORM**

CASE NO.
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**COMPLAINANT INFORMATION**

FIRST	MI	LAST	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE # (Best # to contact you between 8:00 am and 5:00 pm)	E-Mail		

Please fill out all sections completely. If address is unknown, leave blank.

Selling Dealer	Servicing Dealer	Manufacturer/Distributor
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
TELEPHONE #	TELEPHONE #	TELEPHONE #

VEHICLE (Make)	(Model)	(Year)
DATE OF PURCHASE / LEASE	VEHICLE LICENSE NO.	CURRENT MILEAGE
<input type="checkbox"/> Purchase <input type="checkbox"/> Lease	MILEAGE AT PURCHASE / LEASE	VEHICLE I.D. NO.
<input type="checkbox"/> New <input type="checkbox"/> Used	TYPE OF WARRANTY ON VEHICLE	
<input type="checkbox"/> Manufacturer's <input type="checkbox"/> Extended Warranty <input type="checkbox"/> No Warranty		

Have you given written notice of defects to manufacturer?       Yes       No

Has manufacturer (or designated agent) attempted repairs?       Yes       No

If yes, list repair dates: \_\_\_\_\_

**COMPLAINT**

Please explain the details of your complaint and the action you are seeking on the reverse side of this form, or attach a typed 1-2 page letter.

**IMPORTANT NOTICE:** I voluntarily consent to the New Motor Vehicle Board's release of personal information contained in this form to the dealer(s), manufacturer, distributor, or other parties named herein for the purpose of mediating this dispute and until such time as the complaint is resolved or I withdraw my consent.

Sections 20 and 3000 of the California Vehicle Code make it unlawful to use a false or fictitious name or knowingly make false statement or knowingly conceal any material fact in any document filed with the New Motor Vehicle Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

