

## **FORMAL COMPLAINT FORM**

This form is used to formally lodge a complaint against an independent collision repair shop, an auto glass repairer, a paintless dent repairer, or an airbag replacement company whom you believe to be in violation of Ohio's registration requirement (Ohio Revised Code §4775.02), or other pertinent sections of the Ohio Revised Code. We must receive the signed and completed form in order to initiate an investigation of alleged wrongdoing. This complaint will remain held in strict confidence until such time as formal charges are brought by the Board against the wrongdoer, at which time it may be subject to discovery and/or public disclosure.

### **Business Information**

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Website: \_\_\_\_\_

### **Allegation(s) of Wrongdoing**

Please type or, using dark ink, print the nature of your complaint and, if possible, the specific areas of law you believe have been or are being violated. Please use and attach additional sheets if necessary.

**Complainant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Hours we may reach you: \_\_\_\_\_

\_\_\_\_\_  
Complainant signature

\_\_\_\_\_  
Date

***Upon completion, please send the form to:***

***Ohio Board of Motor Vehicle Collision Repair Registration***

***Attention: Investigations***

***37 West Broad Street, Suite 880***

***Columbus, OH 43215-4159***

***[www.collisonboard.ohio.gov](http://www.collisonboard.ohio.gov)***

Ohio Board of Motor Vehicle Collision Repair Registration