

Select One Below:

Documents Only Hearing

In Person Oral Hearing

Chrysler Customer Claim Form

FOR NCDS USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

Mr. First name _____ MI _____ Last name _____

Mrs. Street address _____

Ms. _____

City _____ State _____ Zip Code _____

Day phone _____ Evening phone _____ Fax _____

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____

Is this a leased vehicle: Yes No Delivery Date: / /

If yes, lessor's name and address: _____

Make: _____ Model: _____ Year: _____ Current mileage: _____

Vehicle Identification Number: _____

Selling dealer and address: _____

Dominant Servicing Dealer: _____

VEHICLE PROBLEM(S) (Attach legible **copies** of applicable repair orders or other documents that support your complaint)

Problem	List dealer(s) which have repaired or attempted repair (include city & state).	List the date, mileage, and repair order number for each repair attempt.	Does the problem currently exist? (Circle)	
Example: A/C won't cool properly	Autoworld, Inc Anytown, VA	4/23/99 3,500 miles #B73540	Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Has the vehicle been involved in an accident?

YES NO

If YES, give date of accident: _____

Specify damaged area: _____

Resolution Sought:

X

SIGNATURE(S)

DATE

Return all copies of this form to:

**National Center for Dispute Settlement
PO Box 727
Mt. Clemens, MI 48046**