

Select One Below:

- Documents Only Hearing
- In Person Oral Hearing
- Teleconference

FCA US LLC
CDSP - Customer Claim Form

FOR CDSP USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

<input type="checkbox"/>	Mr.	First name _____	MI _____	Last name _____	
<input type="checkbox"/>	Mrs.	Street address _____			
<input type="checkbox"/>	Ms.	_____			
		City _____	State _____	Zip Code _____	
	Day phone _____	Evening phone _____	Email _____		

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____			
Is this a leased vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>		Delivery Date: _____	
Was this vehicle purchased used? Yes <input type="checkbox"/> No <input type="checkbox"/> Is vehicle used by a business? Yes <input type="checkbox"/> No <input type="checkbox"/> % of use _____			
Make: _____	Model: _____	Year: _____	Current mileage: _____
Vehicle Identification Number: _____			
Selling dealer and address: _____			
Primary 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	4/23/19 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:

Repurchase <input type="checkbox"/>	Replacement <input type="checkbox"/>
Repair <input type="checkbox"/>	Reimbursement <input type="checkbox"/>

Return all copies of this form to:

California Dispute Settlement Program
P.O. Box 515315
Dallas, TX 75251-5315
(or email to: info@ncdsusa.org)

X _____
 SIGNATURE(S) DATE