

**Select One Below:**

Documents Only Hearing   
Teleconference

**Toyota Motor Sales USA, Inc.  
Customer Claim Form**

**FOR NCDS 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  Replacement   
 Repair  Reimbursement

**Return all copies of this form to:**

**National Center for Dispute Settlement**  
**P.O. Box 515284**  
**Dallas, TX 75251-5284**  
 (or email to: [info@ncdsusa.org](mailto:info@ncdsusa.org))

**X** \_\_\_\_\_  
 SIGNATURE(S) DATE