



Ruben P. Gonzalez

El Paso County Tax Assessor-Collector Enforcement Division

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CONSUMER COMPLAINT FORM

Type of complaint please circle one: Dealer or Curbstoner Date of complaint _____

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Full Name _____ Telephone # _____

Home Address _____ City _____ State _____ Zip code _____

Driver's License _____ State _____ Expiration Date _____

PERSON COMPLAINING OF:

Dealer's Name _____ GDN # _____

Address _____ City _____ State _____

Phone (____) _____ Name of salesperson _____

Is this the same address where you first saw and bought the vehicle _____

If not, where did you first see the vehicle _____

SALE INFORMATION

Date of sale _____ did you have a trade-in _____

Was there money owed on the trade-in? _____ Did you have title for trade-in? _____

Did you sign a Power of Attorney? _____ Did you receive copy of papers signed? _____

Did you show proof of insurance? _____ Do you have liability insurance now? _____

Is vehicle being financed, if so, by whom? _____

DESCRIPTION OF VEHICLE

Make _____ Year _____ Model _____ Color _____ New/Used _____

VIN _____ License Plate _____ State _____

Did you receive paper tags? _____ How many? _____ Date Expired _____

Mileage at the time of purchase _____

WHAT IS YOUR COMPLAINT? EXPLAIN IN DETAIL:

THE UNDERSIGNED HEREBY CERTIFIES, UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS IN THIS COMPLAINT ARE TRUE AND CORRECT.

Signature

Date

MAIL OR DROP THIS FORM AND COPIES OF THE COMPLETE SALES CONTRACT AND ANY OTHER DOCUMENTS PERTAINING TO THE SALE OF THIS VEHICLE TO FOLLOWING ADDRESS. FAILURE TO INCLUDE THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR COMPLAINT.

ALL INFORMATION CONTAINED ON THIS FORM IS PUBLIC INFORMATION