

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, airbag replacement company, or window tint installer whom you believe to be in violation of requirements stated in Ohio Revised Code §4775 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 Repair
Attention: Investigations
77 South High Street, 16th Floor
Columbus, OH 43215
www.collisionboard.ohio.gov**

Ohio Board of Motor Vehicle Repair