

**Select One Below:**

- Documents Only Hearing
- In Person Oral Hearing
- Teleconference Hearing

**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: _____			
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:**

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 727  
Mt. Clemens, MI 48046  
(or email to: info@ncdsusa.org)**

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