



Dealer Complaint Form

Please complete the form below. Your complaint will be filed with the Electronic Vehicle Registration (EVR) Department of the MA Registry of Motor Vehicles (RMV) for follow-up with the dealer.

First Name: _____

Last Name: _____

Agency: _____

Phone Number: _____

Email: _____

Action Requested: Informational - No action requested

MAIA assistance requested

Name of Dealer: _____

Dealer Contact Person: _____

Brief description of problem:

Dealer Phone Number: _____

Dealer Fax Number: _____

Name of Customer: _____

Vehicle Year/Make/Model: _____

VIN #: _____

SUBMIT COMPLETED FORM TO:

Kathy S. Cormier
Member Relations Advocate
508-634-7353
kcormier@massagent.com