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

❑ Mr. ❑ Mrs. ❑ Ms. First name _____ MI ____ Last name _____

Street address _____

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 □ No □ Delivery Date: / /

Was this vehicle purchased used? Yes □ No □ Is vehicle used by a business? Yes □ No □ % 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 ☐ Replacement ☐

Repair ☐ Reimbursement ☐

X _____

SIGNATURE(S) DATE

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)