

National Mobility Equipment Dealers Association

3327 W. Bearss Avenue, Tampa, FL 33618

Phone – 813-264-2697 Phone – 800-833-0427 Fax – 813-962-8970

All Complaints must be in writing!

There are four (4) sections to this questionnaire form.

PLEASE fill out ALL sections that apply.

If additional space is required, please attach a sheet of paper with the appropriate section number noted on it.

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SECTION # 1 (To be completed by the Complainant.)

Your Name _____ Date _____
(print name)

Your Company Name _____

Address _____

City, State, Zip Code _____

Telephone Numbers Home _____ Cell _____

Work _____ Fax _____

Email Address _____

SECTION # 2 (To be completed by Complainant.)

1. Year, Make and Model of Vehicle _____
2. Vehicle ID # _____
3. Respondent company information (information about the company you are filing complaint against.)
Company Name _____
Address _____
City, State, and Zip Code _____
Phone _____ Contact Person _____
4. List of equipment to be installed (use brand names if known) _____

5. Total cost of equipment to be installed (no need to itemize) _____

6. Date vehicle FIRST was sent to respondent company _____
7. Date the work was first completed & returned to complainant _____
8. Funding source for modification: State Voc Rehab, Private, Insurance or other

9. Was complainant (were you) formally evaluated or assessed by a Rehab facility prior to work commencing? _____
10. Was complainant (were you) instructed in the proper use of the equipment prior to, or at the time of delivery by respondent? _____
11. How long after getting the vehicle back from respondent did problems occur. What were/are the nature of the problems? **Be specific!** _____

12. On how many occasions was respondent informed about problems with the vehicle? _____
13. Were your complaints ever presented to the respondent in writing? _____
14. Have you attempted to use the services of the funding source to intervene between you and the respondent? _____

15. What has the response to your complaints been by the respondent? Give names, dates, and person contacted, if known. _____

16. Do you feel that the respondent has attempted in good faith to remedy the problems? _____ Do you feel they are capable of completing the repairs to your satisfaction? _____

17. Is there another facility where you would prefer to bring your vehicle for further repairs? _____

What is the name and address of that facility? _____

Have you contacted them about making repairs? _____

Are they interested in making the repairs? _____

18. Have you had an estimate made to effect complete repairs to the vehicle?

_____ If so please include _____

19. Are you willing to abide by the recommendations or decisions made by the Mediation Committee and/or the Executive Board of NMEDA to resolve your situation? _____

20. Provide any additional comments or information that may be of assistance to the Committee in arbitrating your situation. _____

Dealer/Manufacturer Complaint

SECTION #3 (This section is not for end-users, dealers only.)

This section should be completed if the complaint is associated with a product or service supplied by a Manufacturer or Distributor of adaptive products.

1. Name, address, phone, and contact of Mobility Manufacturer
Company Name _____
Address _____
City, State, Zip Code _____
Phone _____ Email _____
Contact Name _____
2. Description of product(s) and/or service(s) supplied by the Manufacturer

3. Your cost for this product/service _____
4. Date of Purchase _____
5. Date of installation _____
6. Name of installing technician(s) _____

7. Have technician(s) installed this product, from this manufacturer before?

How many times? _____
8. What is the nature of the problem? **Be specific!** _____

9. Have you requested trouble-shooting assistance from the Manufacturer?
_____ If so, how many times? _____
List the specific results of troubleshooting attempts _____

10. Were installation instructions/wiring diagrams/trouble-shooting methods included with the product? _____

11. Has the manufacturer exhausted all remedies for your situation? _____
12. Is the product or service now functional and are you now looking for compensation for the part(s) and labor? _____
13. How many hours of shop time have been invested in attempted repair? _____

14. In your opinion, has the Manufacturer/Distributor been operating in good faith while working with you to resolve the problem? _____
If not, please describe. _____

15. Are you willing to abide by the recommendation or decisions made by the Mediation Committee and/or Executive Board of NMEDA to resolve your situation? _____
16. Any additional comments or information that may be of assistance to the Committee in arbitrating your situation. _____

SECTION #4

If you have a complaint that does not fit into the Sections described above, please describe your situation in Section #4. Please include all relevant names, addresses, phone numbers, dates, times and product/service descriptions that the Committee may need to arbitrate your situation.