



## **Confidential Consumer Complaint**

Completing this complaint form is an opportunity to voice any difficulties experienced by you in exercising your right as a consumer to choose your repairer.

This repairer has provided this form in response to hearing your concerns / difficulty.

**Customer Signature** 

The Motor Trades Association of Australia (MTAA) and the Australian Motor Body Repairers Association (AMBRA) regards consumer choice and satisfaction of paramount importance and developed this form to inform Government regulators (i.e. Australian Competition and Consumer Commission (ACCC)) of matters relating to consumer choice or potential breaches of consumer law.

If you would like to make a complaint about not being able to exercise your right to choose a repairer please fill in the following details and return the completed form to the business owner. The form will be forwarded to MTAA / AMBRA who will bring it to the attention of the ACCC and other Government regulators for information and for appropriate action.

NAME OF MOTOR BODY REPAIR BUSINESS: INSURANCE COMPANY NAME: YOUR NAME: YOUR ADDRESS: YOUR CONTACT DETAILS: YOUR CLAIM NUMBER: NATURE OF COMPLAINT (please tick box):			······································
<ul> <li>Unable to exercise choice of repairer</li> <li>Insurance company created doubt about cost, professionalism and safety of repair at chosen establishment</li> <li>Other</li> </ul>			Told to take vehicle to another repairer Vehicle assessment delays
DETAILS: Please provide a brief descriexercising your right to choice of repo		-	elieved you were prevented from or faced difficulties in

Date