

New Jersey Office of the Attorney General Division of Consumer Affairs

Division of Consumer Affairs P.O. Box 45025 Newark, New Jersey 07101 (973) 504-6200 (800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

Name:		BUSINESS: MERCEDES-B	ENZ USA, LLC
Address:		ADDRESS: 3 Mercedes Driv	/e
City:		CITY: Montvale	
State:	ZIP CODE:	STATE: NJ	
HOME TELEPHONE NUMBER:	(include area code)	TELEPHONE NUMBER (1): 1-80	00-367-6372
		Telephone Number (2):	(include area code)
WORK TELEPHONE NUMBER.	(include area code)	Telephone Number (2):	(include area code)
* Note: By providing you	R E-MAIL ADDRESS, YOU AGREE TO		
For statistical and information	nal purposes only. Your age: 18	-29 30-44 45-	59 🔲 60 or older
1. Nature of complaint (please	e check the appropriate box(es)):		
☐ Automotive	☐ Automotive Repairs	☐ Banking	☐ Credit Card
☐ Charity	☐ Direct Mail/Sweepstakes	☐ Home Repair	☐ Internet/Cyberspace
☐ Professional Service	☐ Stocks/Securities	☐ Telemarketing	☐ Telecommunications
☐ Bingo/Raffle	☐ Health Club	☐ Warranty	☐ Advertising
☐ Wheelchair Lemon Law	√ ☐ Weighing/Measuring Devices	☐ Used Car Lemon Law	☐ New Car Lemon Law
☐ Furniture	☐ Other (specify)		
2. If your complaint involves	a motor vehicle, please provide the fol	lowing information:	
a. New	Used		
b. Purchased	Leased		
c. Purchase Price	Current Mileage	·	
d. Date of Purchase	With Wa	arranty	ontract
e. Make Mercedes-Be	enz _{Model} Bl	uetec	Year
3. Name of company you dea	It with: MERCEDES-BENZ USA	A, LLC	
4. Name and title of company	agents or employees you dealt with:	Customer Assistance Centus	ter, MERCEDES-BENZ

The amount of loss involved in this complaint: \$ Please provide a breakdown of these losses: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this compl form to the company or to interested parties and to use the information in any way that is necessary.	cor	if necessary. Attach readable copies (NO ORIGINALS) of any complaint-related contracts, bills, receipts, cancelled checks, correspondence or any other documents you feel are related to your complaint.			
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st This certification must be signed by the person completing the form.