



AJR360 Customer Complaint Form.

(Please Print Clearly)

Date:

VIN #: \_\_\_\_\_

Name of Person Initiating Complaint \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

- Nature of Issue:
- Safety Concerns
  - Bodily Injury Please check all that apply
  - Property Damage
  - Property Missing
  - Other Please explain below

**Give a detailed description of the complaint. Be as specific as possible.**

\_\_\_\_\_  
(Printed Name of Person Completing Form)

\_\_\_\_\_  
(Signature)