



# National Mobility Equipment Dealers Association

## Consumer/Dealer to Manufacturer Mediation Complaint Form



**Instructions:**

This form can be used by a Consumer or a Dealer to file a complaint against a NMEDA Manufacturer Member. All information will be reviewed by the Mediation Committee in accordance with the Mediation Process document OPS-008 (available on request). Complete all sections that apply. Respond to all questions. Use additional pages or attachments if necessary and note the reference section on the attachment.

**Complainant Information:** *(this is the consumer or the dealer's information)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

(if Dealer) Contact Name: \_\_\_\_\_

**Manufacturer Information:**

Manufacturer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Description of Product(s) and/or Service(s) supplied by the Manufacturer:**



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**Questions and Complaint Details:**

1. Your cost for product/service: \_\_\_\_\_

2. Date of purchase: \_\_\_\_\_

3. Date of installation: \_\_\_\_\_

4. Name of installing technician(s):  
 \_\_\_\_\_

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

Yes or  No (**check box**). How many times? \_\_\_\_\_

6. What is the nature of the problem? **Be Specific**

7. Have you requested trouble-shooting assistance from the Manufacturer?

Yes or  No (**check box**). How many times? \_\_\_\_\_

List specific results of trouble-shooting attempts:

\_\_\_\_\_

8. Were installation instructions/wiring diagrams/trouble-shooting methods included with the product?  Yes or  No (**check box**)

9. Has the Manufacturer exhausted all remedies for your situation?

Yes or  No (**check box**)

10. Is the Product or service now functional and are you now looking for compensation for the part(s) and labor?  Yes or  No (**check box**)

11. How many hours of shop time have been invested in attempted repair? \_\_\_\_\_



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12. In your opinion, has the Manufacturer/Distributor been operating in good faith while working with you to resolve the problem?

Yes or  No (**check box**). If NOT, please describe

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

Yes or  No (**check box**)

14. Any additional comments or information that may be of assistance to the Committee in arbitrating your situation (please describe):

**Section 2**

If you have a complaint that does not fit into the Sections described above, please describe your situation in Section 6. Please include all relevant names, addresses, phone numbers, dates, times, and product/service descriptions that the Committee may need to arbitrate your situation.

Please provide any documentation that you may have to support your allegations (e.g. digital photographs). You may fax this complaint form and any additional documentation to the Membership Coordinator at NMEDA Headquarters (813) 962-8970, email [doris@nmeda.org](mailto:doris@nmeda.org) or mail the information to NMEDA Headquarters, Attn: Membership Coordinator, 3327 W. Bearss Ave. - Tampa, Florida, 33618.

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