



# National Mobility Equipment Dealers Association

## Member-Member Mediation Complaint Form



### **Instructions:**

Use this form to file a complaint against another NMEDA member/dealer. All information will be reviewed by the Mediation Committee in accordance with the Mediation Process document OPS-008 (available on request). Complete Section A for non-vehicle complaint (ethics, bylaws) or Section B for vehicle related complaints (workmanship, violations, etc.). Please read the disclaimer statement on the last page before submission.

Preliminary Contact Date with Respondent: \_\_\_\_\_  
Date Submitted to NMEDA: \_\_\_\_\_

### **Complainant Information:**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State/Province, Zip/Postal Code: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email: \_\_\_\_\_

### **Respondent Information:**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State/Province, Zip/Postal Code: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email: \_\_\_\_\_

### **Section A - Non-Vehicle Related Complaint Details:**

Provide as much detailed information as possible. Cite references to member documents, policies, bylaws as necessary. A separate sheet may be attached in order to provide all relevant information. If this complaint is vehicle related, complete Section B.



**Section B - Vehicle Related Complaint Details:**

Year, Make and Model of Vehicle: \_\_\_\_\_  
Vehicle ID Number (VIN): \_\_\_\_\_

**What is the alleged violation?** (Please be very specific, additional sheets may be used.):

**On how many occasions have you noticed this alleged violation?** \_\_\_\_\_

**Have you discussed the alleged violation with the respondent?** \_\_\_\_\_

**If so, what has been the response to your complaints by the Respondent?**  
(Please be very specific. Attach written responses)

**Please provide any additional information that may be of assistance to the Committee in determining the appropriate action to be taken:**

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 [info@nmeda.org](mailto:info@nmeda.org) or mail the information to NMEDA Headquarters, Attn: Membership Coordinator, 3327 W. Bearss Ave. - Tampa, Florida, 33618.



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**Disclaimer:**

By completing this form, and as consideration for NMEDA, and its Mediation Committee considering the information/complaint contained herein (and in any response), both Complainant and Respondent agree to indemnify and hold harmless NMEDA, together with its respective employees, agents, directors, officers, and Mediation Committee members (together referred to as "NMEDA") from and against all liabilities, injuries, claims, damages and expenses, including but not limited to reasonable attorney's fees and costs, arising out of or related to the mediation process, including, the requesting and collection of information, the consideration thereof, and any outcome or decision (whether viewed as favorable, neutral or adverse to the party). Parties to a mediation by NMEDA shall be deemed to have consented that neither NMEDA, nor any third-party mediator, shall be liable to any party in any action for damages or injunctive relief for any act or omission in connection with any mediation conducted by NMEDA. No supplement, modification, or amendment to this provision shall be binding unless executed in writing and signed by Complainant, Respondent, and NMEDA.

**\*\*\* FOR NMEDA OFFICE USE ONLY \*\*\***

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