

P.P.I.
 10115 San Leandro St.
 Oakland, CA 94603
 (510)533-9600
COMPLAINT FORM

YOUR INFORMATION:

Name: _____	
Mailing address: _____	
Day time phone: (____) _____	Alternate phone: (____) _____
Your e-mail address: _____	

VEHICLE INFORMATION:

Year: _____	Make: _____	Model: _____	Color: _____
Lic No.: _____	Vin No.: _____	Invoice #: _____	
Registered Owned Name: _____			

DISPUTE INFORMATION:

Where was your vehicle parked: _____
Date and time of tow: _____
Have you retrieved your vehicle: _____ Date: _____ Cost: \$ _____
Type of complaint: Overcharged _____ Legally Parked _____ Other: _____
What type of dispute resolution would you consider being mutually fair? _____ _____ _____ _____
Description of your dispute: Explain your complaint fully; describing events in the order they occurred. Use additional sheets as needed: _____ _____ _____ _____ _____

