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STATE OF NEW YORK 2008 JAN 28 AM 7:55
OFFICE OF THE ATTORNEY GENERAL

ANDREW M. CUOMO
ATTORNEY GENERAL

DIVISION OF ECONOMIC JUSTICE
BUREAU OF CONSUMER FRAUDS AND PROTECTION

212-416-8294

January 4, 2008

[REDACTED]
New Paltz, NY [REDACTED]

Our File Number: [REDACTED]
Company: Toyota [REDACTED]

Dear [REDACTED]:

On behalf of Attorney General Andrew M. Cuomo, I am writing to notify you that we have received your correspondence.

We appreciate your alerting us to this matter. We believe the organization shown below may be able to assist you and we are forwarding your correspondence there.

If you do not receive a response in the near future, please follow up directly with that organization. I suggest you attach a copy of this letter or, if appropriate, mention that you are adding new information.

Thank you for contacting us.

Very truly yours,

Philip Gamma/cl

Philip Gamma
Bureau of Consumer Frauds
And Protection

cc: National Highway Traffic and Safety Administration
400 7th Street SW
Washington, DC 20590

NM
01/28/08
KCR



ATTORNEY GENERAL ANDREW M. CUOMO
 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 BUREAU OF CONSUMER FRAUDS AND PROTECTION
 120 Broadway, 3rd Floor
 New York, NY 10271-0332
 Tel. (212) 416-8345 Fax (212) 416-8787

COMPLAINT FORM
 Consumer Hotline For Hearing Impaired
 1 (800) 771-7755 TDD (800) 788-9898
 http://www.oag.state.ny.us
 CONSUMER FRAUDS BUREAU

1-0 2007

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

THE ATTORNEY GENERAL'S OFFICE
 NEW YORK CITY OFFICE

| | | | |
|--|------------------------------------|--|---|
| CONSUMER | | | |
| YOUR NAME | | HOME TELEPHONE NUMBER | |
| STREET ADDRESS | | BUSINESS TELEPHONE NUMBER | |
| CITY/TOWN New Paltz | COUNTY Ulster | STATE NY | ZIP |
| COMPLAINT | | | |
| NAME OF SELLER OR PROVIDER OF SERVICES Toyota | | NAME OF OTHER SELLER OR PROVIDER OF SERVICES Johnston's Toyota | |
| STREET ADDRESS 19001 South Western Ave Dept WC11 | | STREET ADDRESS 134 Bridgeville Rd | |
| CITY/TOWN Torrance | STATE CA | ZIP 90501 | CITY/TOWN Monticello |
| | | | STATE NY |
| | | | ZIP 12701 |
| TELEPHONE NUMBER 800-331-4331 | | TELEPHONE NUMBER 845-794-0660 | |
| DATE OF TRANSACTION 09/01/2007 | COST OF PRODUCT OR SERVICE \$ 0 | HOW PAID (Check those which apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | |
| DID YOU SIGN A CONTRACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | WHERE DID YOU SIGN THE CONTRACT? | DATE SIGNED | |
| WAS PRODUCT OR SERVICE ADVERTISED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | WHERE WAS IT ADVERTISED? | DATE ADVERTISED | |
| TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details) New car in to check for problem - 2 days and few miles later, brake caliber almost fell off. One bolt missing the other on last thread. | | | |
| DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL 09/04/2007 <input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> In Person | | PERSON CONTACTED Natalie Cillis | JOB TITLE Service Advisor |
| NATURE OF RESPONSE Towed to dealership-unsafe to drive. Attached brake caliber and repair of initial problem. | | | DATE OF RESPONSE 09/04/07 |
| HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NYS DMV - complaint submitted. No response. | | | |
| IS COURT ACTION PENDING? (Please describe as necessary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| ADDITIONAL INFORMATION | | | |
| MANUFACTURER OF PRODUCT Toyota | | | PRODUCT MODEL OR SERIAL NUMBER 2008 Corolla |
| ADDRESS see above | | | WARRANTY EXPIRATION DATE 3years/36,000mi from Aug 2007 |
| DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Toyota Motor Credit | | | |

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT

When I called the dealer service department about my brake caliber ready to fall off, they told me they would have it towed to them(not safe to drive). They also insisted, after finding out there was this problem, that they never touched the driver side front wheel when checking out the car for the problem it was brought in for. Since I did not specify where the noise was coming from when shifting from park - and since they told me the front brakes were missing the shim kit - I don't see why they wouldn't have checked the driver's side. They simply told me they checked the front brakes - but after telling them about the brake caliber almost falling off, they said they only checked the one side. This would seem negligent to me, since they should have checked both front brakes if there was a problem with one. They also did not take the time to explain in detail what was wrong and what was done - nor did they provide my a loaner car.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) Someone to be held accountable and compenation
for the negligence on either the part of the manufacturer or the dealership service department.

WHO REFERRED YOU TO THIS OFFICE? My Mother

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM **PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). **DO NOT SEND ORIGINALS.**

NOTE: In order to resolve your complaint, we may send a copy of this form to the person or firm about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: _____

Date: 11/25/07

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

**Return to: Office of the Attorney General
Bureau of Consumer Frauds and Protection
120 Broadway, 3rd Floor
New York, NY 10271-0332**

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).