



CL-10520308-1524



New Jersey Office of the Attorney General

Division of Consumer Affairs

Consumer Service Center - Complaint Review Unit
124 Halsey Street, 3rd Floor, Newark, NJ 07102

CHRIS CHRISTIE
Governor

JEFFREY S. CHIESA
Attorney General

KIM GUADAGNO
Lt. Governor

June 5, 2013

ERIC T. KANEFSKY
Director

[Redacted]

JUN 13 2013

WILLINGBORO NJ [Redacted]

Mailing Address:
P.O. Box 45025
Newark, NJ 07101
(973) 504-6200

Re: CHEVROLET
File Number: 06-05-13G0000100253

Dear [Redacted]

Thank you for writing to the New Jersey Division of Consumer Affairs - Office of Consumer Protection and bringing this matter to our attention. Hearing from the public helps the Division in its efforts to protect the health, safety and economic well-being of the public as consumers in the marketplace and to identify the best use of our investigative resources.

The Division has reviewed the materials you submitted to determine how we can best assist you with this matter. After a careful review of the matter, we have concluded that you may benefit from a referral to the following agency which may be better able to assist you:

**National Highway Traffic Safety Administration US Dept of Transportation
Office of Defects Investigation (NVS-210)
1200 New Jersey Ave SE
Washington, DC 20590**

We have taken the liberty of forwarding your materials to that agency for action and future inquiries should be directed to that agency.

Once again thank you for contacting the New Jersey Division of Consumer Affairs. If you have any questions please contact our Consumer Service Center at (973) 504-6200.

Sincerely,

Cindy K. Miller
Deputy Director - Consumer Protection



New Jersey Office of the Attorney General

Division of Consumer Affairs

P.O. Box 45025

Newark, New Jersey 07101

(973) 504-6200

(800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

COMPLAINT REPORTED BY:

COMPLAINT REPORTED AGAINST:

| | |
|---|--|
| NAME: [REDACTED] ADDRESS: [REDACTED] CITY: <u>Willingboro</u> STATE: <u>New Jersey</u> ZIP CODE: [REDACTED] HOME TELEPHONE NUMBER: [REDACTED] (include area code) WORK TELEPHONE NUMBER: [REDACTED] (include area code) * E-MAIL ADDRESS: [REDACTED] * NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL. | BUSINESS: <u>Chevrolet</u> ADDRESS: <u>PO, Box 33</u> CITY: <u>Detroit</u> STATE: <u>MI</u> ZIP CODE: <u>48232</u> TELEPHONE NUMBER (1): <u>1800-243-8872</u> (include area code) TELEPHONE NUMBER (2): _____ (include area code) |
|---|--|

For statistical and informational purposes only. Your age: 18-29 30-44 45-59 60 or older

1. Nature of complaint (please check the appropriate box(es)):
- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Automotive | <input type="checkbox"/> Automotive Repairs | <input type="checkbox"/> Banking | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Direct Mail/Sweepstakes | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Internet/Cyberspace |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Stocks/Securities | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Bingo/Raffle | <input type="checkbox"/> Health Club | <input type="checkbox"/> Warranty | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Wheelchair Lemon Law | <input type="checkbox"/> Weighing/Measuring Devices | <input type="checkbox"/> Used Car Lemon Law | <input type="checkbox"/> New Car Lemon Law |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Other (specify) _____ | | |

2. If your complaint involves a motor vehicle, please provide the following information:

- a. New Used
- b. Purchased Leased
- c. Purchase Price 24,300 Current Mileage 62,060
- d. Date of Purchase 12/13/07 With Warranty With Service Contract As Is
- e. Make Chevrolet Model Malibu Year 2008

3. Name of company you dealt with: Chevrolet

4. Name and title of company agents or employees you dealt with: _____

5. Describe the facts of your complaint in the order in which they happened. Type or print clearly. Use additional sheets of paper, if necessary. Attach readable copies (NO ORIGINALS) of any complaint-related contracts, bills, receipts, cancelled checks, correspondence or any other documents you feel are related to your complaint.

Chery has an issue with all '08 and '09 Malibu Chevrolet, with the accuator where the doors won't unlock from the door or the key. They say they won't recall it because it isn't a safety issue. But the way they put the locks at the back of the door, you have to climb in the back seat just to unlock doors I have my niece that is a baby and I have to climb in the back to unlock the door. I don't understand how this is not a safety issue. The only door that unlocks by key and door is the driver's side lock. I called the dealership and they said to fix it would cost \$275 for each door. I don't think anyone has over 100 to fix this problem. I feel like this is another tactic to get more money out of people.

6. The amount of loss involved in this complaint: \$ _____ . Please provide a breakdown of these losses:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.



108092 5/31/13
Date

This certification must be signed by the person completing the form.

NOTED BY THE DIVISION
5/31/13

Willingboro, NJ

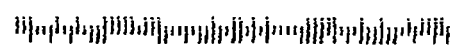
SOUTH JERSEY NJ 080

31 MAY 2013 PM 7 1

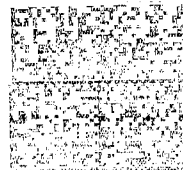


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Newark, New Jersey 07101

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CONSUMER SERVICE CENTER
P.O. BOX 45025
NEWARK, NJ 07101



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