



CL-10597160-4821

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

MAY 30 2014

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF REGIONAL OFFICES
ROCHESTER REGIONAL OFFICE

May 22, 2014

[REDACTED]
Rochester, NY [REDACTED]

Our File Number: **2014-1170340**
Company: General Motors

Dear [REDACTED]

On behalf of Attorney General Eric T. Schneiderman, 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 writing to our office. We will keep your correspondence on file for future reference.

Very truly yours,

Emily Barry

Bureau of Consumer Frauds
and Protection

cc: National Highway Traffic Safety Administration
Office of Defects Investigation
1200 New Jersey Avenue SE West Bldg.
Washington, DC 20590

NM
6514
SMD



ATTORNEY GENERAL ERIC T. SCHNEIDERMAN
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
144 Exchange Boulevard, Suite 200
Rochester, NY 14614-2176
Tel. (585) 327-3240 Fax (585) 546-7514

COMPLAINT FORM
Consumer Hotline 1 (800) 771-7755
For Hearing Impaired TDD (800) 788-9898
http://www.ags.ny.gov

RECEIVED

APR 28 2014

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.

NYS OFFICE OF THE ATTORNEY GENERAL
ROCHESTER REGIONAL OFFICE

CONSUMER		
YOUR NAME [REDACTED]		HOME TELEPHONE NUMBER [REDACTED]
STREET [REDACTED]		BUSINESS TELEPHONE NUMBER [REDACTED]
CITY/TOWN ROCHESTER	COUNTY MONROIE	STATE NY
ZIP [REDACTED]		
COMPLAINT		
NAME OF SELLER OR PROVIDER OF SERVICES GENERAL MOTORS		NAME OF OTHER SELLER OR PROVIDER OF SERVICES
STREET ADDRESS		STREET ADDRESS
CITY/TOWN	STATE	ZIP
TELEPHONE NUMBER		TELEPHONE NUMBER
DATE OF TRANSACTION 2008	COST OF PRODUCT OR SERVICE \$	HOW PAID (Check those which apply) ☐ Cash ☐ Check ☐ Credit Card ☐ Other
DID YOU SIGN A CONTRACT? ☐ Yes ☐ No	WHERE DID YOU SIGN THE CONTRACT?	DATE SIGNED
WAS PRODUCT OR SERVICE ADVERTISED? ☐ Yes ☐ 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)		
DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL 2010	PERSON CONTACTED GM PERSONNEL	JOB TITLE
NATURE OF RESPONSE TAKE CAR TO DEALER		DATE OF RESPONSE
HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address) ☐ Yes ☒ No		
IS COURT ACTION PENDING? (Please describe as necessary) ☐ Yes ☐ No		
ADDITIONAL INFORMATION		
MANUFACTURER OF PRODUCT GENERAL MOTORS		PRODUCT MODEL OR SERIAL NUMBER 2008 SATURN AURA
ADDRESS DETROIT		WARRANTY EXPIRATION DATE
DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company) ☐ Yes ☐ No		

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT My 2008 SATURN AURA HAD THE
SAME PROBLEM WITH THE IGNITION SWITCH THAT THEIR
RECALL IS ALL ABOUT. THE PROBLEM IS THIS CAR
MODEL IS NOT ON THE RECALL LIST. I WAS ON THE
NYS THRUWAY IN 2010 DRIVING ABOUT 65-70 MPH
WHEN CAR DIED. CONTACTED GM ABOUT PROBLEM +
TOOK CAR IN TO THE DEALER IN WHICH WE WERE
TOLD NOTHING WAS WRONG. WE HAD 40,000 MILES ON
CAR. GM HAS ALL THIS ON THEIR FILE FROM 2010. I
CONTACTED THEM MANY TIMES AFTER RECENT RECALL
WENT PUBLIC BUT THEY KEEP TELLING ME BECAUSE
VEHICLE IS NOT RECALL LIST THEY WILL NOT DO ANYTHING.
I STILL OWN THIS CAR
WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) PUT THIS
VEHICLE MAKE + MODEL + YEAR ON RECALL LIST
WHO REFERRED YOU TO THIS OFFICE? AN ATTORNEY

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: 4.24.14

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to:

Office of the Attorney General
Bureau of Consumer Frauds and Protection
144 Exchange Boulevard, Suite 200
Rochester, NY 14614-2176

State of New York
Office of the Attorney General
Rochester Regional Office
Court Exchange Building
144 Exchange Boulevard, Suite 200
Rochester, NY 14614-2176



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