



State of Wisconsin
Governor Scott Walker

Department of Agriculture, Trade and Consumer Protection

Ben Brancel, Secretary

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

FEB -4 2016

01/07/2016

Toyota Motor Sales USA Inc
19001 S Western Ave Dept WC11
Torrance CA 90509-2991

RE: File [REDACTED] (Refer to this number when contacting our agency)

Rhineland WI [REDACTED]

Dear Sir/Madam:

Thank you for submitting your complaint about Toyota Motor Sales USA Inc.

The laws dealing with this issue are enforced by the agency listed below, so we are forwarding your complaint directly to them:

✓ NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
US DEPARTMENT OF TRANSPORTATION
WEST BUILDING
1200 NEW JERSEY AVE SE
WASHINGTON DC 20590
Telephone: 888-327-4236 or 202 366-0123
Website: www.nhtsa.dot.gov

You may contact them directly for information about your complaint.

Sincerely,

Norman E. Eberhardt
Consumer Protection Investigator
Mediation Unit
Bureau of Consumer Protection
Email: Norman.eberhardt@wisconsin.gov
www.facebook.com/wiconsumer

Agriculture generates \$88 billion for Wisconsin

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Department of Agriculture, Trade and Consumer Protection

Consumer Complaint

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr) Mrs. Miss Ms. [REDACTED] [REDACTED] [REDACTED]
(circle one) (first) (middle) (last)

Phone: Home [REDACTED] Work () [REDACTED] ext. [REDACTED] Ce [REDACTED]

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) (Home) Work Cell Email: [REDACTED]

Address: [REDACTED] Apt.# [REDACTED] PO Box: [REDACTED]

City: Rhineland State: Wi Zip: [REDACTED] County: Oneida

2. What business is your complaint against?

Name of business: Toyota

Address: 190015 Western ave. Dept. WCH Ste.# [REDACTED] PO Box: [REDACTED]

City: Torrance State: CA Zip: 90501 County: [REDACTED]

Phone: (800) 331-4331 Name of person you talked to: corporate head Title: [REDACTED]

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- | | | |
|---|---|-----------------------------------|
| ☐ Person from business came to my home | ☒ I went to the business | ☐ Internet |
| ☐ Person from business called me | ☐ I telephoned the business | ☐ Email |
| ☐ Business sent me information in the mail | ☐ I responded to a radio or TV ad | |
| ☐ I attended a convention or trade show | ☐ I responded to a printed advertisement | |

4. When did the first contact occur? month: June 2015 day: [REDACTED] year: [REDACTED]

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 (62 or older)

6. What product or service did you buy? (please be specific) [REDACTED]

7. Was it advertised? (circle one) No Yes Date: [REDACTED] Where: [REDACTED]

8. Did you sign a contract? (circle one) (No) Yes Date: [REDACTED] Number on contract, policy or receipt: [REDACTED]

9. If yes, where were you when you signed the contract? [REDACTED]

10. Amount paid: \$ [REDACTED] by: (circle one) cash check credit card financed other plan

11. Where did you pay the business: (check one)

- | | | |
|--|--|-----------------------------------|
| ☐ At my home | ☐ At the company's place of business | ☐ Internet |
| ☐ Over the telephone by credit card | ☐ Away from company's place of business | |
| ☐ By mail | ☐ At a convention or trade show | |

12. Did you contact the business about your complaint? ☒ Yes [REDACTED] When? [REDACTED] What happened? [REDACTED]
☐ No [REDACTED]

13. Have you filed this complaint with another agency? ☐ Yes [REDACTED] Agency name? [REDACTED] What happened? [REDACTED]
☒ No [REDACTED]

14. Have you contacted a private attorney? ☐ Yes [REDACTED] Have you started court action? ☒ Yes [REDACTED]
☒ No [REDACTED] ☒ No [REDACTED]

IMPORTANT: More questions on the back page (over)

13cpdc\Facts\ComplaintForm301 CP-3(11/09)



**Department of Agriculture,
Trade & Consumer Protection**

2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

RETURN SERVICE REQUESTED

TCP

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01/13/2016

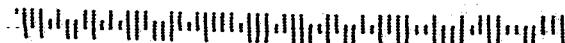
USPS[®] 2016

\$000.39¹



ZIP 53718
041L12202864

KRB-SSB 20590



15. Describe your complaint in detail.

I had a recall on my 2003 Toyota Matrix.
They fixed the left side air bag control.
Then they made me an appointment to fix the
other side. They made an appointment and I went to
the dealership. They said they had the part in but
couldn't install it even though they had the part in.

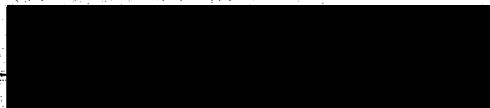
16. How do you feel your complaint should be resolved? (please be specific)

They should install the part that they have at the
dealership instead of telling me they can't install it in my
vehicle.

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature:



Date: Dec 12-15

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov
(608) 224-4976
FAX: (608) 224-4939
TDD: (608) 224-5058
WEBSITE: www.datcp.state.wi.us