

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL



DANA NESSEL
ATTORNEY GENERAL

P.O. Box 30213
LANSING, MICHIGAN 48909

CL-11253880-3987

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

August 13, 2019

Refer to AG No.: [REDACTED]

General Motors Customer Assistance Center
PO Box 33170
Detroit, MI 48232-5170

Dear Sir/Madam:

Re: [REDACTED]

Enclosed is a copy of the consumer complaint recently filed with this office. Please review this information and provide a written response so that we may have all the facts. Your response will become a public record and sent to interested parties.

We receive a large number of complaints, and we do not make judgments about their validity until there is an opportunity for a response. Your answer is, therefore, important to our determination of whether further action is warranted. It will expedite the processing of this complaint if you email your response to cp_email4@michigan.gov with the AG No. in the subject line. We hope this will be our only request. If you fail to respond, we will determine what additional appropriate action is warranted under the Michigan Consumer Protection Act and other consumer laws.

The action we take will be based in part on our experience, information and knowledge of and about the subject of the complaint. Therefore, we appreciate your prompt reply within the next ten days, in writing, giving your position on this matter. If we do not hear from you within the next 30 days, we will contact you again.

Sincerely,

Michigan Department of Attorney General
Consumer Protection Division
1-877-765-8388
(517) 241-3771 – Fax

Enc.
mfm

cc: National Highway Traffic Safety Administration

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Michigan Office Of Attorney General Consumer Complaint Form

Web Complaint Number: [REDACTED]

Submitted: 7/29/2019 11:09:06 AM

Consumer Information

Your Last Name: [REDACTED] First Name: [REDACTED] M.I.:
Your Street Address: [REDACTED] City: Clinton Township
Your State: MI Zip Code: [REDACTED]
Your County: Macomb
Your Home Phone: [REDACTED] Your Work Phone: [REDACTED] Ext.:
Fax Number: [REDACTED] E-mail Address: [REDACTED]

Primary Company Or Person Your Complaint Is About

Company or Person? Company
Complainee Last Name: [REDACTED] Complainee First Name: [REDACTED]
Company Name: General Motors City: Detroit
Street Address: 300 Renaissance Center Zip Code: 48265
State: MI Phone: [REDACTED]
County: [REDACTED] E-mail Address: [REDACTED]
Fax Number: [REDACTED] Product Offered: [REDACTED]
Web Site Address: [REDACTED]
Primary Jurisdiction: None

Secondary Company Or Person Your Complaint Is About

Company or Person? Company
Complainee Last Name: [REDACTED] Complainee First Name: [REDACTED]
Company Name: [REDACTED] City: [REDACTED]
Street Address: [REDACTED] Zip Code: [REDACTED]
State: MI Phone: [REDACTED]
County: [REDACTED] E-mail Address: [REDACTED]
Fax Number: [REDACTED]
Web Site Address: [REDACTED]

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year: Chevrolet, Blazer, 2019
Vehicle VIN No.: 3GNKBERS7K [REDACTED]

Complaint Information

Incident Date\Time: 7/4/2019 10:51:00 AM

Incident Location: Pigeon MI

Approximate Monetary Value: 46000

Did you sign a contract? True

Where did you sign this contract? Feldman Chevrolet

Is a court action pending? False

Do you have an attorney representing you on this matter? False

Are you willing to testify in court regarding this complaint? True

Did you complain directly to the business? True

What was the response from the business? Waiting for the issue to happen again

If no complaint was given to the business directly, why? NA

Was this complaint filed with any other agencies? True

Complaint Detail/Inquiry Information

The body control module has gone out 2 times in my new car. GM has fixed it both times but it is going out again as I type this complaint. This module controls all essential functions of the vehicle, including key safety equipment. This has made it a very large safety issue to drive on the road. I would like GM to payoff my loan and assist in getting me a different vehicle. Furthermore I would like them to make all customers aware of the serious safety issue that could cause countless injuries or worse.

[False] Check if this referral is just to give us information and you do not need us to respond to you directly.

[True] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

[False] Check if you want to sign up for the Consumer Protection Listserv.

[False] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.

(*)I consent to releasing to the Michigan Attorney General any information or document relative to the investigation of this complaint. By checking this box, I also certify that I have had the opportunity to review the Michigan Attorney General Privacy Policy before submitting this complaint.

XXX LANSING MI 488 08/15/19 XXX

Lansing, Michigan

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FIRST CLASS



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