



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

March 6, 2024

NHTSA
1200 New Jersey Ave SE
Washington, DC 20590

Re: Fisker Group Inc.
File No: [REDACTED]

Dear Sir/Madam:

The Consumer Protection Division of the Attorney General's Office has received a consumer complaint about a business whose practices you may have an interest in reviewing. This complaint is being sent to you for your information and review only and the consumer who filed this complaint with the Illinois Attorney General's Office has not been notified that we have copied your office on the attached complaint.

Thank you for your attention.

Sincerely,

ATTORNEY GENERAL
State of Illinois

Keya Lowe

Keya Lowe
Citizen's Advocate
Consumer Protection Division
keya.lowe@ilag.gov
312-814-3760

enclosure

Handwritten signature



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KWAME RAOUL

Illinois Attorney General
Consumer Fraud Bureau
500 South Second Street
Springfield, IL 62701
217-782-1090
1-800-243-0618 (Toll free in IL)
TTY: 1-877-844-5461
www.IllinoisAttorneyGeneral.gov

Office Use Only

CLMS: _____

AG: _____

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION

Name: Mr. ☒ Mrs. ☐ Ms. ☐ (check one)

Address:

City: State: Zip Code: County:
Iombard il 60140 dupage

Your Telephone Number:

Daytime: Ext.:

Evening: Ext.:

Your e-mail address (optional)

Are you a senior citizen? Yes ☐ No ☒
Are you a veteran? Yes ☐ No ☒
Are you a service member? Yes ☐ No ☒

NAME OF SELLER OR PROVIDER OF SERVICE

Name:
Fisker Group Inc

Address:
1888 Rosecrans Ave

City: State: Zip Code:
Manhattan Beach CA 90266

Telephone: - 6654 Ext.: 261

Website: fiskerinc.com

Additional seller or provider of service involved in transaction:

Name:

Address:

City: State: Zip Code:

Telephone: - - Ext.:

Website:

Has this matter been submitted to another government agency, an arbitration service, or to any attorney? Yes ☐ No ☒

If yes, please give name, address, telephone:

Is court action pending? Yes ☐ No ☒

INFORMATION ABOUT THE TRANSACTION

Date of Transaction: 1 6 1 1 2 0 2 3 Did you sign a contract? Yes ☒ No ☐ Date contract was signed: 1 6 / 1 1 / 2 3
(If yes, please attach a copy)

Was the product or service advertised? Yes ☒ No ☐ When? (Please attach a copy of the advertisement, if applicable.)

How was the service advertised?

- ☒ Newspaper/magazine
☐ Radio advertisement
☒ Television advertisement
☒ Internet advertisement
☒ E-mail solicitation
☒ Direct mail solicitation
☐ Telephone solicitation
☐ Yellow pages of the telephone book
☐ Facsimile solicitation
☐ Door-to-door solicitation
☐ Display at merchant's place of business
☐ Display at a trade show/convention, etc.
☐ Other

Total Cost of product/service: 77,420.09\$

Amount paid to date/down payment: 15,250

Method of payment (check one) (Please attach a copy.)

Cash ☐ Check ☐ Money Order ☐ Credit Card ☒ Debit Card ☐ Bank Draft ☐
Wire Transfer ☐ Automatic Debit ☐ Other

If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes ☐ No ☒

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Where did the transaction take place?

- ☐ At my home
☒ Over the telephone
☐ By mail
☒ Over the Internet
☐ Trade show/convention/home show
☐ At the firm's place of business
☐ By facsimile
☐ Other (Please specify) _____
☐ There was no transaction

Have you complained to the company or individual?

Yes ☒ No ☐

If yes, provide name and phone number of the individual(s):

support and sent emails to vehicle admin brittany, brian

they have no one to answer phones and emails they don't respond

FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:

Make: Fisker

Model: Ocean

Year: 2 0 2 3

New: Yes ☒ No ☐

As-Is: Yes ☐ No ☐

Warranty: Yes ☒ No ☐

Expiration Date: _____

Name of Extended Warranty: _____

Purchase Date:

1 1 / 1 6 / 2 3

Current Mileage:

450

Mileage at Purchase:

35

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint.**

PLEASE DO NOT SEND ORIGINALS.

Bought this electric car. Ocean one has lot of safety concerns.

Their support is almost non existent, has not presence in illinois, they promised this electric car has a range of 360 miles per charge. So far I cannot even get 200 miles per charge.

Car give lot of alarms like emergency break not working, front camera not working, the stay in lane feature goes off and vehicle cross over to other lanes without prompting and many features they said works does not work

can was given only one keyfob and that too works in consistent

key fob many a times does not unlock car even I am standing in 2 feet distance. In cold or has emergency to drive cannot even get in car wipers go too fast or none

car keeps rolling back while in drive and many other things. Please help I have been asking them to take the car back no response fix it no response.

What form of relief are you seeking? (E.g., exchange, repair, money back, product delivery, etc.)

my money back and comp for traumatizing me. Fix it and provide me proper incentive car is for sure not value for 80,000

READ THE FOLLOWING BEFORE SIGNING BELOW:

- In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful 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 the person the complaint is directed against, unless the box below is checked.
- By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters connected with this complaint.

Signature: _____

Date: 1 2 / 1 1 / 2 3

☐ Please do not send this complaint to the business complained about.

Please print and send the completed form to the address at the top of this complaint form.

Print Form

Reset Form



KWAME RAOUL
ATTORNEY GENERAL
STATE OF ILLINOIS
115 S. LaSalle Street
Chicago, IL 60603



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FIRST CLASS



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Washington, DC 20003